ANZCA Training Portfolio System (TPS) user guide for trainees

Welcome to the ANZCA online training portfolio system (TPS) user guide for trainees.

This guide is designed to help you use the functions you need to access within the TPS, during your ANZCA training. Please refer to the table of contents for further information.

The guide will be updated with any system changes that may occur in the future, to ensure that all functions of the TPS are explained in detail. To ensure that users have access to the latest version of the TPS user guide for trainees, the version and date of the document appears within. Please remember to access the latest version from the ANZCA website and to consider this before printing the document. The document is provided online and not in print.

How to login

The TPS can be accessed via https://tps.anzca.edu.au

It is recommended that you access the TPS using the Google Chrome browser. Download Google Chrome.

You will need your username and password to login to the TPS.

Your username is the five-digit College ID number that was assigned to you when you first registered with the College.

Your password will be your five-digit College ID number.

If you forget your password, click on the 'Forgot your password?' link and follow the prompts to have your password reset.

The reminder message on the homepage is about privacy and the collection and recording of confidential patient information. This is to remind users that they must adhere to privacy requirements when using the system.

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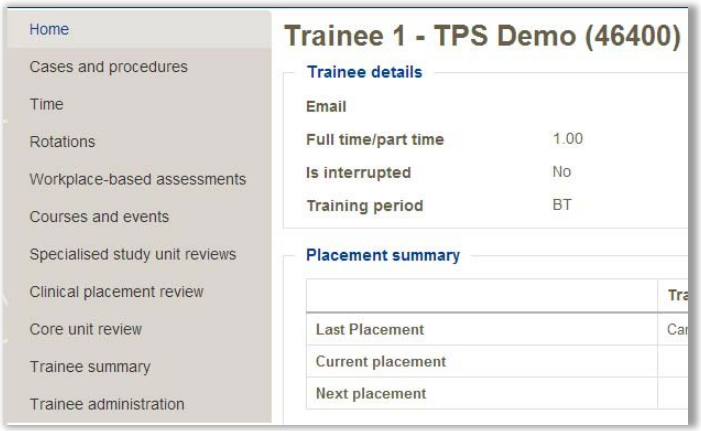
Finding your way around the TPS

The training portfolio system (TPS) is an online application for you to record all aspects of your ANZCA training, including time, cases and procedures, workplace-based assessment, clinical placement reviews, specialised study unit reviews, core unit reviews and courses.



You can navigate to the key areas of the TPS using the left-hand menu. From within each of these menu options it is then possible to navigate to other functions.

- If you select 'Cases and procedures', on the next screen you can record a case/procedure or session and view the volume of practice targets for age, medical conditions, surgical cases and procedures and anaesthetic procedures
- If you select 'Time', on the next screen you can access the time recording function and review your accrual of recorded and confirmed time against the various categories e.g. clinical anaesthesia time, other clinical time and normal leave
- If you select 'Rotations', on the next screen you can review your previous, current and future rotation and placement information
- If you select 'Workplace-based assessments' (WBA), on the next screen you can access the WBA form pre-filling functions and review completed or in-progress WBA
- If you select 'Courses and events', on the next screen you can review information recorded about examination attempts and results, recent anaesthetic experience (if applicable and approved), initial assessment of anaesthetic competence (IAAC) and you can record course, continuing professional development and scholar role activity information
- If you select 'Specialised study unit reviews', on the next screen you can record completed or in-progress reviews
- If you select 'Clinical placement reviews' (CPR), on the next screen you can view completed or in-progress reviews, respond to reviews with a status of 'Awaiting trainee response' and initiate a planning CPR
- If you select 'Core unit review' (CUR), on the next screen you can review completed or in-progress reviews and respond to reviews with a status of 'Awaiting trainee response'
- If you select 'Trainee summary' this displays the same information as that on your dashboard or 'Home' screen
- If you select 'Trainee administration' this displays basic information on your training status and personal details including your College ID, name and financial status with the College

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Your dashboard

Your dashboard (or the 'Home' screen) is the first screen you will see when you login and provides a summary of your training information in separate sections. The same screen can be accessed by selecting 'Trainee summary'.

The Trainee details section includes email address, full or part time training status, training period and whether or not you are on a period of interrupted training

The Placement summary, displays your last, current and next placement and the start and end dates for each.

The Time recording summary displays the following information:

- Your current training period (IT, IT-E, BT, BT-E, AT-AT-E, PFT and PFT-E)
- Training time target (the number of weeks you need to accrue to fulfill the time requirement for that training period, including adjusted targets)
- Your progress toward that target (approved vocational training (AVT) that accrues against the overall minimum target (any time in excess of the minimum target will not display in this field)
- Your current rotation
- Your full or part time status
- The number of weeks of total AVT confirmed
- The number of weeks of AVT pending confirmation from your supervisor of training.

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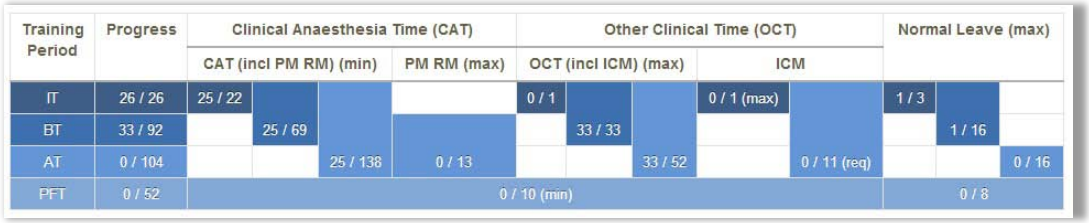
This section also displays a table view of the number of weeks accrued against each training period (IT, BT, AT and PFT) and type of training i.e. clinical anaesthesia time, other clinical time (and its various subcategories, including intensive care medicine), the minimum requirement for intensive care medicine and normal leave.



Training Period	Progress	Clinical Anaesthesia Time (CAT)				Other Clinical Time (OCT)					Normal Leave (max)		
		CAT (incl PM RM) (min)			PM RM (max)	OCT (incl ICM) (max)			ICM				
IT	26 / 26	25 / 22				0 / 1			0 / 1 (max)		1 / 3		
BT	33 / 92		25 / 69				33 / 33					1 / 16	
AT	0 / 104			25 / 138	0 / 13			33 / 52		0 / 11 (req)			0 / 16
PFT	0 / 52	0 / 10 (min)									0 / 8		

In the above example, the trainee is in basic training and has accrued a total of 25 weeks of clinical anaesthesia time (CAT), 33 weeks of other clinical time (OCT) overall and one week of normal leave (NL) during introductory and basic training combined. The CAT displays as 25/22 against IT, 25/69 against IT and BT combined and 25/138 against IT, BT and AT combined, as this is the amount of CAT that the trainee has accrued toward (and for IT, in excess) of each of these minimum combined targets.

The Cases and procedures section includes a summary of cases and procedures accrued against the minimum volume of practice targets for the categories of medical conditions, age, surgical cases and procedures and anaesthetic procedures.

Cases and procedures summary (details)

Accrual group	Minimum	Accruals
Medical conditions	345	37
Age	150	0
Surgical cases and procedures	588	41
Anaesthetic procedures (current training period)	26	0
Anaesthetic procedures (IT and BT)	21	5
Anaesthetic procedures (IT, BT and AT)	500	36

Click on the above links to go to the target screen for that category.

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The Workplace-based assessments (WBA) summary, displays the WBA targets for the training periods and the number accrued against each target.

Workplace based assessments summary (details)

Training period	WBA type	Minimum	Accrued
IT	mini-CEX	6	1
	DOPS	4	1
	MsF	1	0
BT	mini-CEX	12	3
	DOPS	12	2
	CbD	6	1
	MsF	1	1
AT	mini-CEX	16	1
	DOPS	8	1
	CbD	8	1
	MsF	1	0
PFT	mini-CEX	0	0
	DOPS	0	0
	CbD	2	0
	MsF	1	0

Click on the 'details' link to go to the target screen, which displays your progress against each target with a traffic-light indicator. The light will remain red until the target is met.

The Workplace-based assessments specialised study units (SSU) summary, displays the WBA targets for the SSUs and the number accrued against each target.

WBA specialised study units summary (details)

SSU type	Minimum	Accrued
General Surgical, Urological, Gynaecological and Endoscopic Procedures	4	0
Head and Neck, ENT, Dental Surgery and ECT	2	0
Intensive Care	1	0
Neurosurgery and Neuroradiology	3	0
Obstetric Anaesthesia and Analgesia	6	6
Orthopaedic Surgery	2	0
Paediatric Anaesthesia	6	0
Thoracic Surgery	2	0
Vascular Surgery and Interventional Radiology	2	0

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The Specialised study unit reviews section lists all the SSUs and the date and status of the SSU review from the time that it is initiated to the time of completion.

Specialised study units recent reviews

SSU type	Date	Status
Cardiac Surgery and Interventional Cardiology		
General Surgical, Urological, Gynaecological and Endoscopic Procedures		
Head and Neck, ENT, Dental Surgery and ECT		
Intensive Care		
Neurosurgery and Neuroradiology		
Obstetric Anaesthesia and Analgesia		
Ophthalmic Procedures		
Orthopaedic Surgery		
Paediatric Anaesthesia		
Thoracic Surgery		
Vascular Surgery and Interventional Radiology		

The Recent reviews section displays the most recent reviews including clinical placement reviews (planning, interim and feedback), core unit reviews (for introductory, basic or advanced training), the provisional fellowship review and the last recorded specialised study unit review. It displays the date, type, supervisor and status for each review.

Recent reviews

	Date	Type	Updated by	Status
Last clinical placement review	26/09/2013	Planning	Trainee 3 - TPS Demo	In Progress
Last core unit review				
Last SSU review	3/09/2013	General Surgical, Urological, Gynaecological and Endoscopic Procedures	ANZCA Rep 1 - TPS Demo	Awaiting SOT Response

Remember:

- As you progress through training you will see your recorded time, cases and procedures and workplace-based assessments accrue on the dashboard, as well as in each separate section of the TPS.
- Your supervisor of training can adjust targets for volume of practice requirements, where they feel you may benefit from further experience in one or more specific areas. Targets are increased by the SOT going to the target screen for a particular requirement and adjusting it accordingly. They must provide a justification for the change.
- Most screens within the TPS allow you to sort the information by each category displayed on that page. For example, the surgical cases and procedures target screen can be sorted according to each of the fields, using the small upward and downward pointing arrows. The information can be reset to the original display by clicking on the refresh icon to the right of the screen.

Status	Category	Target	Periods	Accrued	Recorded	Remaining	
	Cardiac surgery and interventional cardiology	30		0	0	30	
	Cardiac surgery - cardiopulmonary bypass	11		0	0	11	
	Cardiac surgery and interventional cardiology	9		0	0	9	
	Other cardiac surgery and interventional cardiology	0		0	0	0	
	Simple cardiological procedures	10		0	0	10	
	Simple cardiological procedures - cardiac catheterisation	0		0	0	0	

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Note:

- The log of adjustments to targets for cases and procedures and workplace-based assessment displays all changes made since the launch of the TPS, with the exception of data uploaded by ANZCA administrative staff and any other changes that may have been made using automated data upload processes within the College e.g. for credit allocated toward the cases and procedures and workplace-based assessment requirements for the Clinical Fundamentals for transitioned trainees at the start of the 2013 hospital employment year. In summary, any changes that were made with a corresponding justification entered by the user should be displayed.

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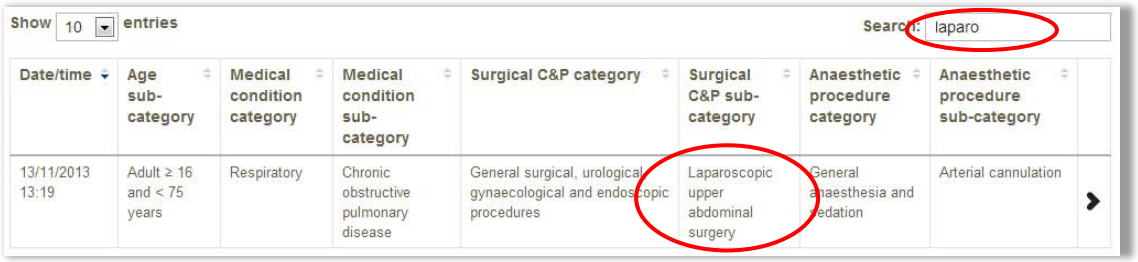
How to use the search function in the TPS

The search function is available from most screens within the TPS.

When the search function is available, it relates only to the information available within that particular section.

For example, if you want to find a previously recorded case/ procedure, you can go to the Cases and procedures screen and enter one or more keywords in the search field and the relevant cases will be displayed.



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How to record a case/ procedure/ session

Refer to sections two and three of the Anaesthesia training program curriculum for details on the volume of practice requirements for the Clinical Fundamentals and specialised study units.

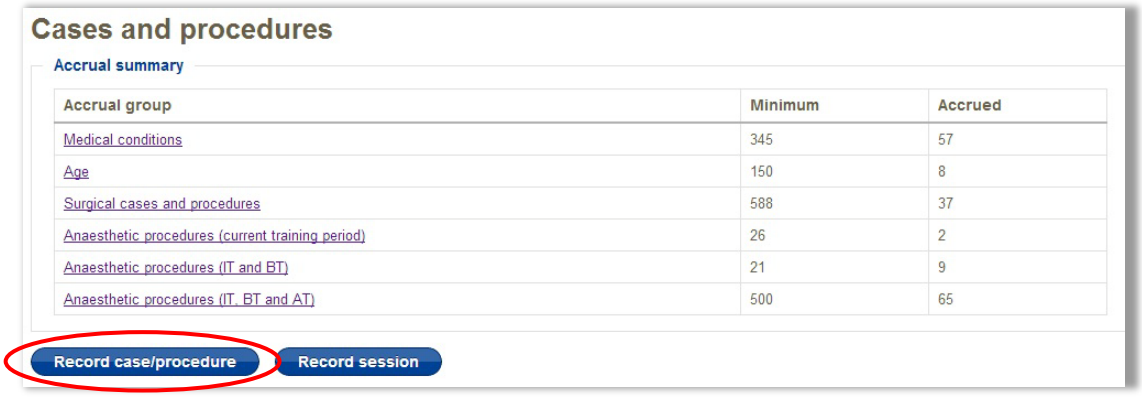
You may also refer to the cases and procedures spreadsheet on the ANZCA website, to determine which cases and procedures have a mandatory VOP requirement.

The volume of practice requirements for the specialised study units accrue against the 'Age' and 'Surgical cases and procedures' targets and the volume of practice requirements for the Clinical Fundamentals accrue against the 'Medical conditions' and 'Anaesthetic procedures' targets. The 'Medical conditions' accrual corresponds to the volume of practice requirements for the Perioperative medicine Clinical Fundamental and the 'Age' accrual corresponds to the requirement to provide anaesthesia for the three different age groups within the Paediatric anaesthesia specialised study unit.

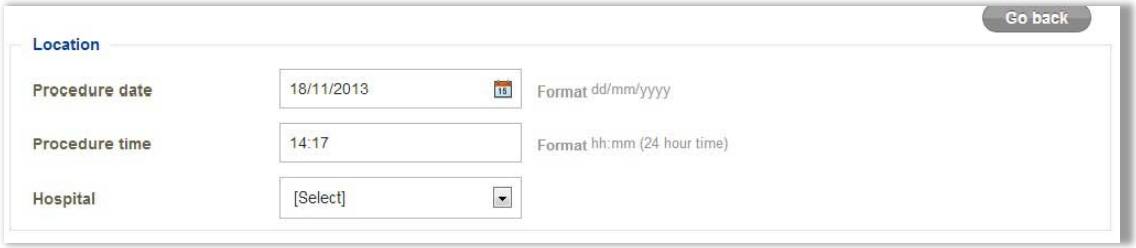
For guidance on recording cases/procedures that have one or more inclusions or exclusions or multiple subcategory options, refer to the guidance document available from the ANZCA website.

To record a case or procedure, select 'Cases and procedures' from the left-hand menu.

Click on 'Record case/procedure



Enter the location details including procedure date, procedure time and hospital.



Enter the patient information including age category and ASA classification.

If you select ASA classification '1' or '1E', the Medical conditions/disorders main category drop-down menu will default to 'No known condition'.

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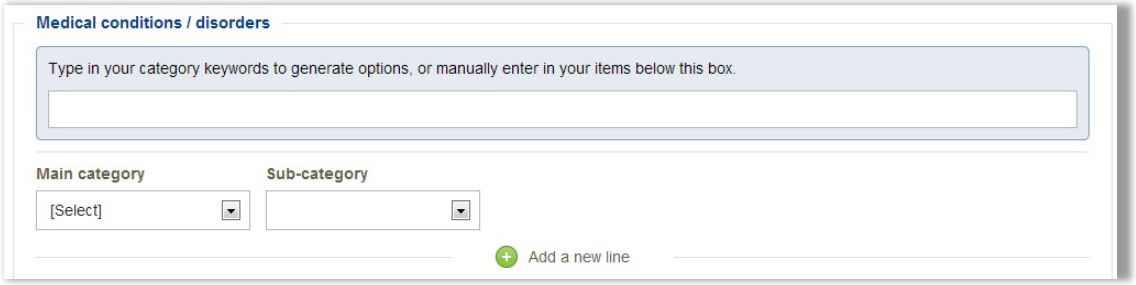
Enter any medical conditions/ disorders using the main and subcategory drop-down menus.

You can search for medical conditions by entering one or more characters in the search field to generate options from the drop-down menus below.


Medical conditions / disorders
Type in your category keywords to generate options, or manually enter in your items below this box.
Main category
Sub-category
[Select]
Add a new line

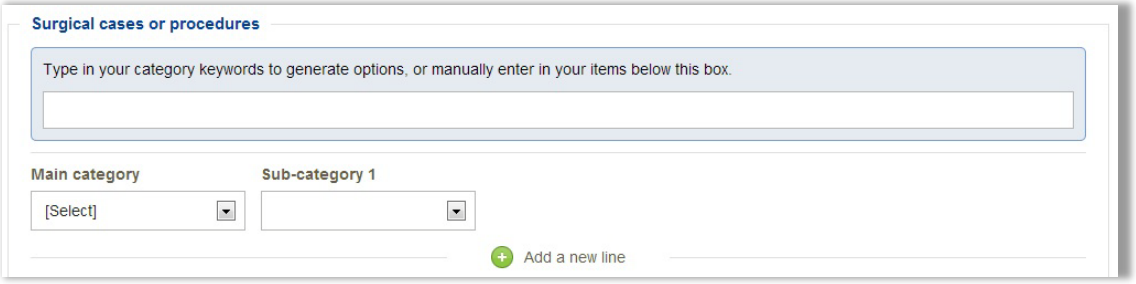
If you select 'other' from the subcategory drop-down menu for medical conditions, this will provide an additional box where you can enter free-text.

If the patient has more than one condition/ disorder, you can make additional entries by clicking on the + symbol. You can add up to a maximum of ten lines.

If the patient does not have any medical condition/ disorder select 'No known condition' from the main category drop-down menu.

Enter information on the surgical case or procedure using the main and subcategory drop-down menus.

You can search for surgical cases and procedures by entering one or more characters in the search field to generate options from the drop-down menus below.


Surgical cases or procedures
Type in your category keywords to generate options, or manually enter in your items below this box.
Main category
Sub-category 1
[Select]
Add a new line

If the patient is having more than one surgical procedure you can add up to a maximum of ten lines.

If the patient is not having a surgical procedure, select 'Not applicable' from the main and subcategory drop-down menus.

Enter the level of supervision you received during the case/ procedure.

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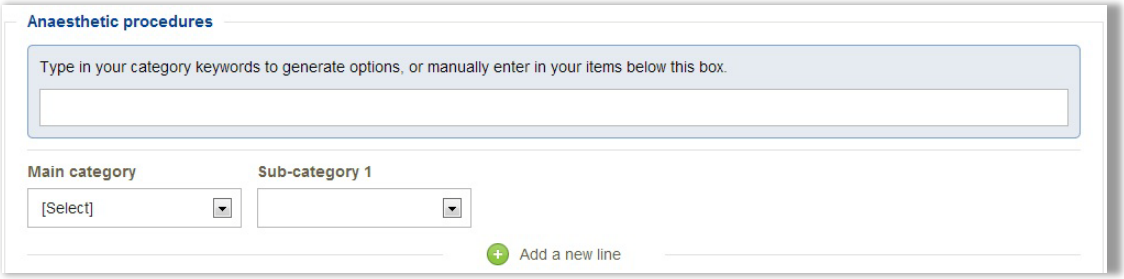
Enter the anaesthetic procedure using the main and subcategory drop-down menus.

You can search for anaesthetic procedures by entering one or more characters in the search field to generate options from the drop-down menus below.


Anaesthetic procedures
Type in your category keywords to generate options, or manually enter in your items below this box.
Main category
[Select]
Sub-category 1
Add a new line

If the patient is having more than one anaesthetic procedure you can add up to a maximum of ten lines.

The main categories of 'General anaesthesia and sedation' and 'Airway management' from the drop-down menu for anaesthetic procedures include one subcategory selection each that pertain to meeting requirements for the teaching of others.

The curriculum requires that trainees completing the General anaesthesia and sedation Clinical Fundamental complete five episodes of 'Teaching of a technical skill to others, not including airway skills, for example, vascular access'. The way to record this and accrue it against that target within the TPS is to select the subcategory one drop-down menu item 'Technical skill teaching to others, not including airway skills e.g. vascular access'.

Please note that this is in addition to the scholar role requirement 'Teach a skill (with evaluation, feedback and reflection)'.

Enter any reflective comments in the 'Reflective learning' section. This field is optional.

Enter any other comments in the 'Comments' section. This field is optional.

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Once complete click on 'Submit & copy entry', 'Submit & new entry' or 'Submit & close'.

Please note that the reflective learning and comments fields cannot be viewed by anyone else.

The 'Submit & copy entry' function will save the recorded case, open a new case/session and copy across all fields, excluding the 'Procedure time' (which will default to the current time), 'ASA classification', 'Medical conditions/disorders' and the reflective learning and comments fields.

The 'Submit & new entry' function will save the recorded case and open a new case/session with all fields blank apart from entering the 'Procedure date' and 'Procedure time' as the current date and time.

The 'Submit & close' function will save the recorded case and return you to the main cases and procedure screen

The record will appear in summary form on your Cases and procedures dashboard.

The details of the case can be viewed by clicking on the arrow to the right of the entry.

Date/time	Age sub-category	Medical condition category	Medical condition sub-category	Surgical C&P category	Surgical C&P sub-category	Anaesthetic procedure category	Anaesthetic procedure sub-category
1/10/2013 14:39	Adult ≥ 16 and < 75 years	Cardiovascular	Hypertension	Cardiac surgery and interventional cardiology	Cardiac surgery - cardiopulmonary bypass	General anaesthesia and sedation	Anaesthesia using TIVA

If there are any aspects of the case that accrue toward VOP targets, they will display in the accrual summary table at the top of the cases and procedures screen.

Accrual summary

Accrual group	Minimum	Accrued
Medical conditions	345	56
Age	150	8
Surgical cases and procedures	588	37
Anaesthetic procedures (current training period)	26	2
Anaesthetic procedures (IT and BT)	21	9
Anaesthetic procedures (IT, BT and AT)	500	65

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Likewise, the accrual would display against the corresponding VOP targets on the different screens (for age, medical conditions/disorders, surgical cases and procedures and anaesthetic procedures). For example, the case recorded on the previous page meets the following VOP targets:

Providing care to patients with hypertension for the Perioperative medicine Clinical Fundamental

Status	Category	Target	Periods	Accrued	Recorded	Remaining	
	Hypertension	20		2	0	18	

Providing anaesthesia for at least 11 on-bypass coronary artery bypass grafting procedures for the Cardiac surgery and interventional cardiology specialised study unit

Status	Category	Target	Periods	Accrued	Recorded	Remaining	
	Cardiac surgery - cardiopulmonary bypass	11		11	28	0	

To complete at least 50 episodes of total intravenous anaesthesia (TIVA) for the General anaesthesia and sedation clinical fundamental

Status	Category	Target	Periods	Accrued	Recorded	Remaining	
	Anaesthesia using TIVA	50	IT, BT, AT	8	4	42	

Remember:

- All cases and procedures must be recorded in the TPS within 13 weeks
- You can cancel an entry at any time before submitting it, by clicking on ‘Go back’ at the top of the screen or ‘Cancel this entry’ at the bottom of the screen
- You can edit a case/ procedure by clicking on the arrow next to the case in the table on the Cases and procedures screen and clicking on ‘Edit this entry’ at the top right of the screen
- You can delete a case/ procedure by clicking on the arrow next to the case in the table on the Cases and procedures screen and clicking on ‘Delete this entry’ at the top right of the screen
- When recording a case/session, all fields are compulsory, except the reflective learning and comments fields.
- The reflective learning and comments fields can only be seen by you and not your SOT, ROT, EO or any Specialised Study Unit Supervisor or WBA assessor.
- Both the ‘Record a case/procedure’ and ‘Record a session’ sections contain a reminder message regarding privacy and the recording of confidential patient information. Please remember to read this message periodically, to ensure that you have adhered to any applicable privacy legislation
- The surgical cases or procedures and anaesthetic procedures drop-down menus contain additional fields that allow you to record other cases and procedures that do not have a volume of practice requirement attached to them. It is possible to record an anaesthetic or other procedure alone, that is not part of a surgical case e.g. central venous cannulation for a patient in the intensive care unit, by selecting ‘Not applicable’ from the Surgical cases or procedures main category drop-down menu
- It is possible to make changes to recorded cases up until the time that a core unit review has been completed
- Any case, procedure or session type that carries a volume of practice requirement will display ‘(VOP)’ against that item in the subcategory one drop-down menu
- Any item that does not carry a corresponding volume of practice target will not display ‘(VOP)’

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Remember:

- Take note of the volume of practice requirements in the curriculum that carry inclusions (or sub-targets) and use the appropriate drop-down menu option when recording the case/procedure. Any case/procedure with one or more sub-targets will be displayed accordingly on the corresponding target screen.
  For example, for the Head and neck, ear, nose and throat, dental surgery and ECT specialised study unit, trainees must complete 20 cases of head and neck surgery. The total of 20 cases must include a specified number of the case types listed below. The total volume of practice requirement is therefore displayed as five separate targets on the surgical cases and procedures target screen as follows:
  - Head and neck surgery (16)
  - Head and neck surgery - myringoplasty/middle ear surgery (1)
  - Head and neck surgery - nasal surgery (1)
  - Head and neck surgery - neck dissection (1)
  - Head and neck surgery - thyroidectomy/parathyroidectomy (1)

  When you have accrued one of each of the sub-targets, the remainder should be recorded against the general category of 'Head and neck surgery' (16) only, from the subcategory one drop-down menu.

Note:

The volume of practice targets for the Paediatric anaesthesia SSU are displayed under both the 'Age' and 'Surgical cases and procedures' targets. The requirement is for trainees to complete a total of 150 cases, divided into the different paediatric age groups as follows:

- Child ≥ 6 and < 16 years (105)
- Infant ≥ 6 months to toddler < 2 years (20)
- Neonate < 6 months (5)
- Small child ≥ 2 and < 6 years (20)

Status	Category	Target	Periods	Accrued	Recorded	Remaining
	Child	150		8	8	142
	Child ≥ 6 and < 16 years	105		2	2	103
	Infant ≥ 6 months to toddler < 2 years	20		3	3	17
	Neonate < 6 months	5		2	2	3
	Small child ≥ 2 and < 6 years	20		1	1	19
TOTAL		150		8	8	142

The total of 150 cases must include:

- Medical imaging procedures (10)
- Minor elective procedures, not including shared airway cases (20)
- Minor emergency cases (20)
- Shared airway procedures (20)

The targets displayed under 'Surgical cases and procedures' are included in the total of 150 cases required, rather than in addition to.

Status	Category	Target	Periods	Accrued	Recorded	Remaining
	Paediatric anaesthesia	70		1	1	69
	Major elective or emergency procedures	0		0	0	0
	Medical imaging procedures	10		1	1	9
	Minor elective procedures	20		0	0	20
	Minor emergency cases	20		0	0	20
	Other paediatric anaesthesia	0		0	0	0
	Shared airway procedures	20		0	0	20

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Note:

Since the launch of the TPS, the volume of practice targets for the anaesthetic procedures have been displayed as follows:

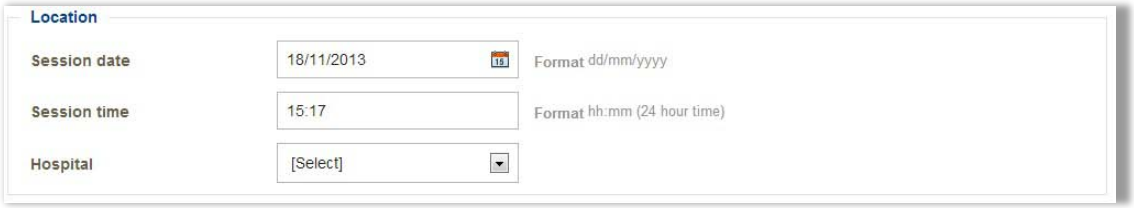
- Anaesthetic procedures (current training period)
- Anaesthetic procedures (IT and BT)
- Anaesthetic procedures (IT, BT and AT)

These three screens currently display all volume of practice requirements for all three training periods (IT, BT and AT), so it should be noted that the TPS is not currently presenting this information as intended, customised to the specific training period.

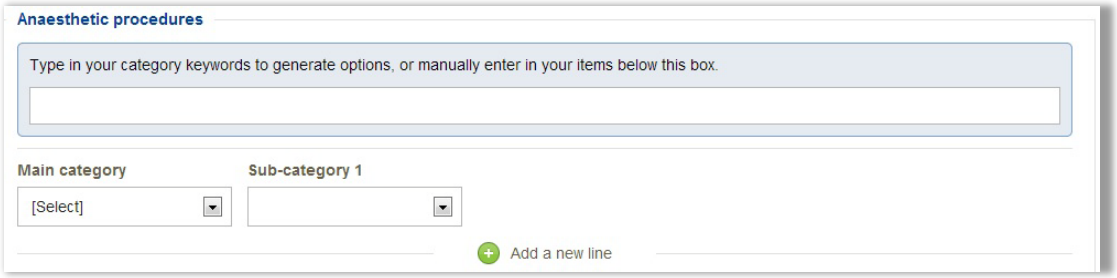
Anaesthetic procedures (current training period)	26	2
Anaesthetic procedures (IT and BT)	21	9
Anaesthetic procedures (IT, BT and AT)	500	66

To record a session, select 'Record a session'

Enter the session date, session time and hospital.



Choose the anaesthetic procedure (or session type) from the main and subcategory drop-down menus.


Anaesthetic procedures
Type in your category keywords to generate options, or manually enter in your items below this box.
Main category
Sub-category 1
[Select]
Add a new line

Enter any reflective learning or other comments in the fields below and once complete click on 'Submit & copy entry', 'Submit & new entry' or 'Submit & close'.

Please note that the reflective learning and comments fields cannot be viewed by anyone else.

The 'Submit & copy entry' function will save the recorded case, open a new case/session and copy across all fields, excluding the 'Procedure time' (which will default to the current time), 'ASA classification', 'Medical conditions/disorders' and the reflective learning and comments fields.

The 'Submit & new entry' function will save the recorded case and open a new case/session with all fields blank apart from entering the 'Procedure date' and 'Procedure time' as the current date and time.

The 'Submit & close' function will save the recorded case and return you to the main cases and procedure screen

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The 'Record session' is where you can record the following experience:

- For the *Resuscitation, trauma and crisis management* Clinical Fundamental, ten episodes of participating as a 'Trauma team member for the initial assessment and resuscitation of a multi-trauma case' (during IT, BT or AT)

For the *Pain medicine* Clinical Fundamental, two 'Acute pain sessions with level one supervision' during IT, 18 'Acute pain sessions' during BT and 20 'Acute pain sessions' during AT

For the Perioperative medicine Clinical Fundamental, two 'Pre-admission clinic sessions with level one supervision' during IT, eight 'Pre-admission clinic sessions with level two supervision' during BT and ten 'Pre-admission clinic sessions' during AT

Remember:

- You can cancel an entry at any time before submitting it, by clicking on 'Go back' at the top of the screen or 'Cancel this entry' at the bottom of the screen
- You can edit a case/ procedure by clicking on the arrow next to the case in the table on the Cases and procedures screen and then clicking on 'Edit this entry' at the top right of the screen
- You can delete a case/ procedure by clicking on the arrow next to the case in the table on the Cases and procedures screen and then clicking on 'Delete this entry' at the top right of the screen
- When recording a case/session, all fields are compulsory, except the reflective learning and comments fields.
- The reflective learning and comments fields can only be seen by you and not your SOT, ROT, EO or any Specialised Study Unit Supervisor or WBA assessor.
- Both the 'Record a case/procedure' and 'Record a session' sections contain a reminder message regarding privacy and the recording of confidential patient information. Please remember to read this message periodically, to ensure that you have adhered to any applicable privacy legislation
- It is possible to make changes to recorded sessions up until the time that a core unit review has been completed

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Recording cases and procedures offline

The TPS has been developed to allow you to record cases and procedures when there is no Internet connection on a computer or a mobile device. This applies to Internet provided by 3G, Wi-Fi or a computer connected to the Internet. Only cases and procedures can be recorded with no Internet, no other component of the TPS can be accessed offline.

You can record up to 100 cases and procedures when there is no Internet but we suggest you are cautious when storing lots of data on a mobile device without Internet because if you lose your device, the data will be lost. Where possible, re-establish connectivity regularly to synchronize data to the TPS server.

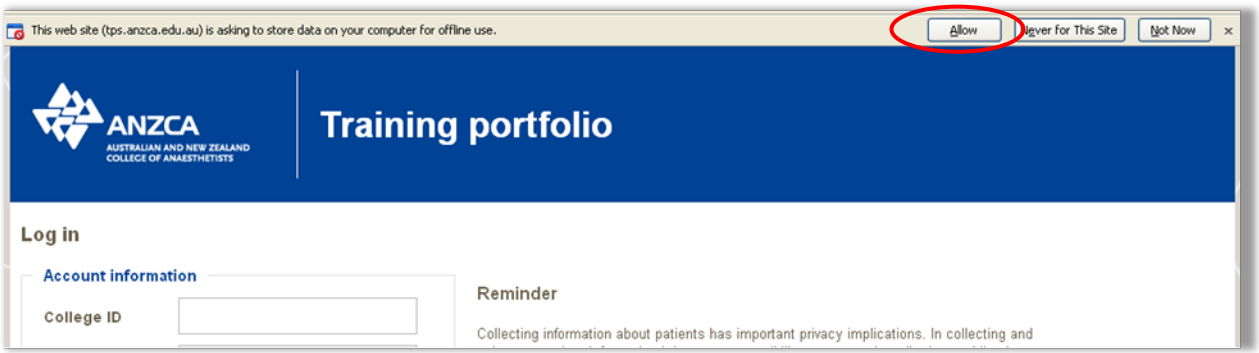
Accessing the cases and procedures section when offline

When you first access the TPS, complete the following steps with an active internet connection, to establish offline access to the case recording function:

1. Open an internet browser on your mobile device and go to the TPS login page. You will notice that a pop-up message is presented at the top of the screen. The words may vary slightly depending on the browser, but here is an example:

The website (tps.anzca.edu.au) is asking to store data on your computer for offline use:
-Allow
-Never for this site
-Not now

When you see this message select 'Allow'. The TPS will form a connection with the local drive of your device so that data can be saved locally.


This web site (tps.anzca.edu.au) is asking to store data on your computer for offline use.
Allow
Never for This Site
Not Now
ANZCA
AUSTRALIAN AND NEW ZEALAND COLLEGE OF ANAESTHETISTS
Training portfolio
Log in
Account information
College ID
Reminder
Collecting information about patients has important privacy implications. In collecting and

2. When step one is complete, log in to the system with your username and password and you will have access to the TPS. Remain logged in while you bookmark the TPS URL (https://tps.anzca.edu.au) on your device.
3. At this stage it is important for you to record at least one case/procedure to ensure the correct components are downloaded to your device
4. You have now completed the initial set-up so that the TPS can be accessed offline for the purpose of recording cases and procedures

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Recording cases and procedures offline

1. Ensure that you have disabled the internet connection on your device.
2. Open the TPS via the URL that was bookmarked on your device and log in using your username and password
3. Refresh the screen and wait for the message 'Your network is not available' (or similar)
4. Access the 'Cases and Procedures' section and you should see the buttons to record a case/procedure or session
5. You can then record up to 100 cases and procedures in numerous sessions without an internet connection.

Note:

If you close the page while recording data offline, you will need to reconnect to the internet, re-open the TPS and go to the cases and procedures page before disabling the internet access again.

How to synch offline data to your live TPS profile

1. Activate the internet connection on your mobile device and then log in to the TPS.
2. Refresh the cases and procedures page and the cases and procedures you recorded offline should synch to your live TPS profile.

Note:

If you need to clear your browser history/cache, you will be required to repeat the above process from the start. You may need to do this if you notice the add case/session buttons not appearing when you login on the mobile device.

Data recorded offline will not synch to your TPS profile until you log in with an active internet connection on your chosen mobile device

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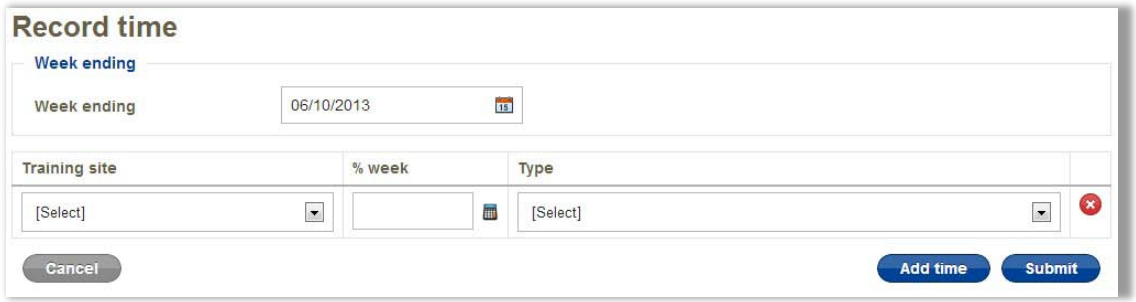
How to record time

Select 'Time' from the left-hand menu

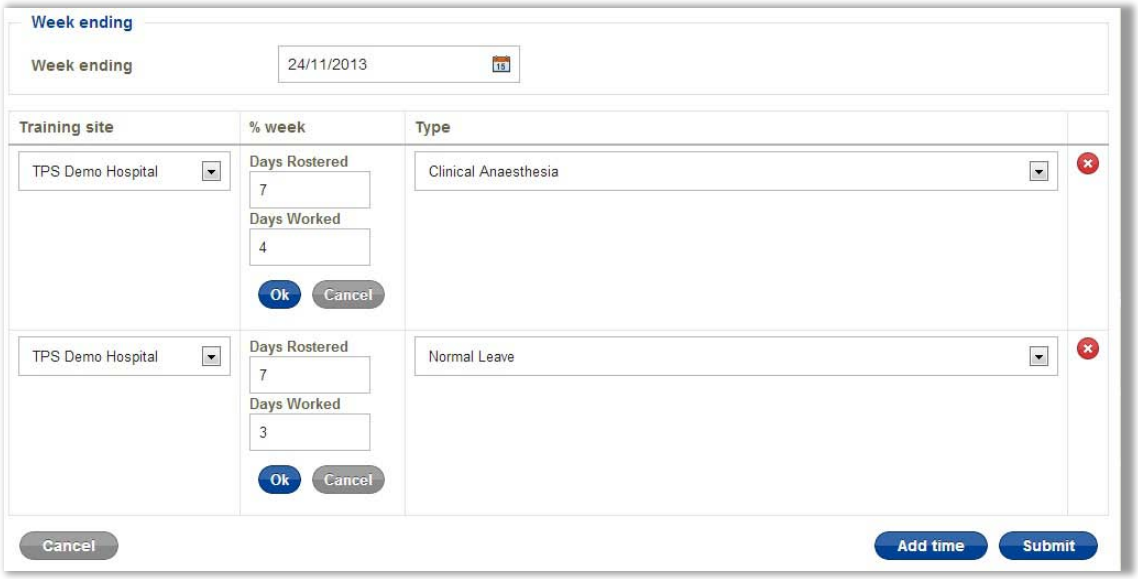
Select 'Record time'

Select the week ending, training site, percentage of the week spent in training and the type of training.



Any leave taken under the definition of normal leave will need to be recorded under the training type 'Normal leave'. Refer to section 37.5.5.11 of Regulation 37: Training in Anaesthesia leading to FANZCA, and Accreditation of Facilities to Deliver this Curriculum for more information regarding normal leave.

To enter the percentage of the week completed, you can either directly enter the percentage or click on the calculator icon and this will prompt you to enter values for 'Days Rostered' and 'Days Worked'. Click 'OK' and this will automatically calculate the percentage for you.



Please note the screen views in this guide contain fictional trainee information

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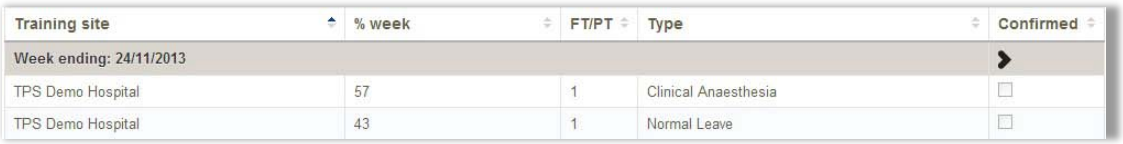
Click on 'Submit' and the entry will then appear in the summary table on the main time recording screen.



Training site	% week	FT/PT	Type	Confirmed
Week ending: 24/11/2013				
TPS Demo Hospital	57	1	Clinical Anaesthesia	☐
TPS Demo Hospital	43	1	Normal Leave	☐

'Days rostered' refers to the number of days in any calendar week (Monday to Sunday) that you were employed.

'Days worked' is the number of days out of the total 'days rostered' that you actually worked against the nominated time type. For example, if you were rostered to work seven days but took three days of normal leave, you would record two separate lines:

- *The first would read 'Days rostered' equals seven and 'Days worked' four (against the applicable training type e.g. clinical anaesthesia)*
- *The second line would read 'Days rostered' seven and 'Days worked' three against the type 'Normal Leave'*

If you undertook more than one type of training in one week, use the 'Add time' function to add another line for the week and follow the steps above.

Rostered time off and part-time training

The training portfolio system requires each week of training time to be recorded and accounted for. However, it is understood that some trainees, particularly trainees who have prospective approval to complete part-time training, have different arrangements with their employers whereby they are often not rostered to work for every week in the term. These are instances where rostered time off should still be recorded as clinical time.

Example:

- *A 0.5 FTE part-time trainee has been rostered to work full-time on week one and has been rostered off for week two. Time should be recorded as two, 100% 0.5 FTE clinical anaesthesia weeks.*

It is important that part-time trainees check that the time they have recorded and accrued is reflective of the time spent in training.

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Remember:

- All training time must be recorded within four weeks
- Any gaps in recorded time will be allocated as normal leave or if there is no normal leave allocation remaining, it will be allocated as interrupted training
- Trainees cannot accrue any cases and procedures or work place based assessments during periods of interrupted training
- A maximum of one week of intensive care medicine (ICM) training time can be completed during introductory training; any ICM time in excess of 11 weeks completed during introductory training will need to be applied for as interrupted training and recorded as the same
- 11 weeks of Intensive care medicine (ICM) is required to be completed by the end of advanced training, but can be wholly or partially completed during the basic or advanced training periods
- The first 11 weeks of an ICM term (including extended training) accrues towards the mandatory requirement and should be recorded as "OCT- Intensive care medicine (ICM)".
- Any time spent in an intensive care unit in excess of 11 weeks should be recorded as "OCT – Other approved training (DPA confirmation reqd)".
- Refer to Regulation 37 *Training in anaesthesia leading to FANZCA, and accreditation of facilities to deliver this curriculum* for information on the minimum and maximum amounts of time permitted in any one training type during each training period
- Once your recorded time has been confirmed by your SOT, you will see a tick in the box under the 'Confirmed' column
- The system does not send any automated messages to your SOT reminding them to confirm time, instead the traffic light against time would display in amber or red on their dashboard.
- SOTs have up to 13 calendar weeks to confirm time recorded by you. If they do not confirm the time within 13 calendar weeks, they will need to contact the College via training@anzca.edu.au to ask for assistance
- To delete previously recorded time, click on the arrow next to the relevant week and click on the red x symbol. The warning message 'Are you sure you want to delete this entry' will display, click 'OK'. Click 'Submit' and the entry will no longer display in the week by week summary on the time recording screen. If you want to edit previously recorded time, follow the steps above, making any necessary amendments to the week(s) concerned and then clicking on 'Submit'
- It is not possible to edit/ delete confirmed time. You will need to contact your SOT and ask them to remove the confirmation so that the time is available for you to edit
- Recording time is how you reach the minimum time target for each training period. The TPS will provide alerts when you are approaching milestones such as your clinical placement reviews and core unit reviews
- It is not possible to make any changes to recorded time after a core unit review has been completed for the training period within which the time has been recorded
- During provisional fellowship training (PFT), trainees must complete at least 10% of their time undertaking clinical support activities. For this purpose, the training time type 'clinical support activities' should be selected. This type of training time will accrue toward their time target for PFT, however it will not display separately in the time recording summary on the dashboard. Instead, you will need to search the Time summary screen (select 'Time' from the left hand menu) and locate the time recorded against this category using the search function and the search term 'clinical support activities'.

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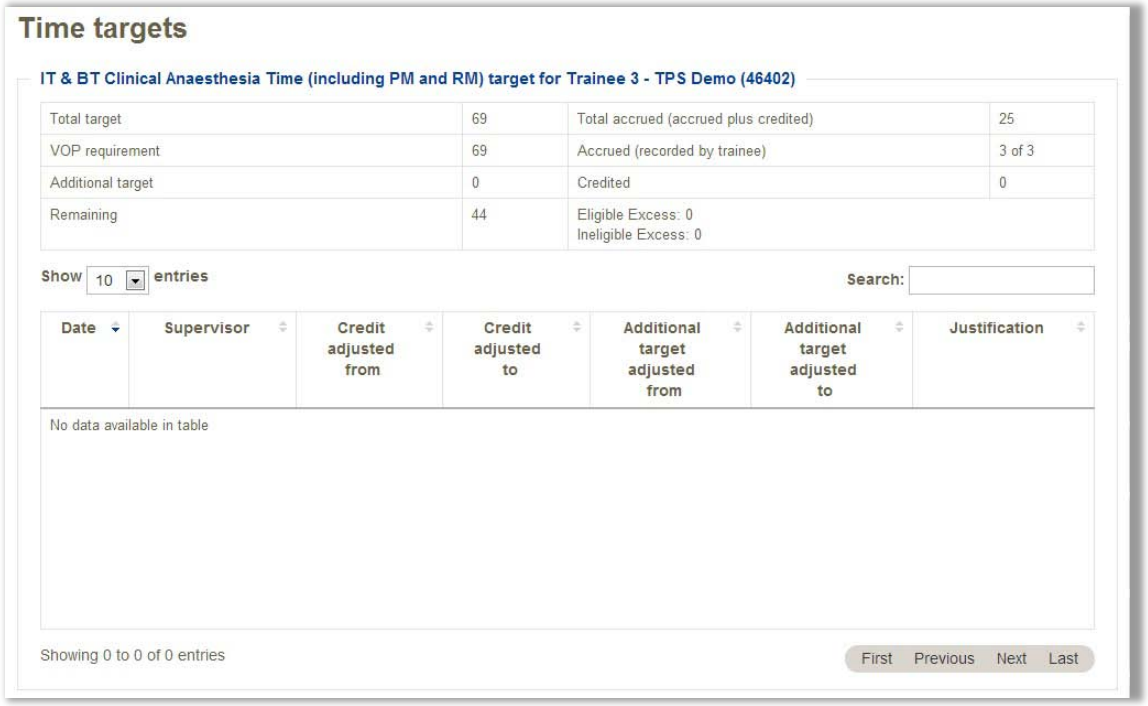
Explaining time targets

If you hover over each different type of training in your current training period (in the time summary table on your dashboard) you will see orange information buttons appear.

Click on the button to go to the target screen for that particular time requirement. If your supervisor of training has adjusted a time target, this will be recorded in the log of changes at the bottom of the screen.

Training Period	Progress	Clinical Anaesthesia Time (CAT)				Other Clinical Time (OCT)					Normal Leave (max)		
		CAT (incl PM RM) (min)			PM RM (max)	OCT (incl ICM) (max)			ICM				
IT	26 / 26	25 / 22				0 / 1			0 / 1 (max)		1 / 3		
BT	33 / 92		25 / 69				33 / 33					1 / 16	
AT	0 / 104			25 / 138	0 / 13			33 / 52		0 / 11 (req)			0 / 16
PFT	0 / 52	0 / 10 (min)									0 / 8		



Time targets

IT & BT Clinical Anaesthesia Time (including PM and RM) target for Trainee 3 - TPS Demo (46402)

Total target	69	Total accrued (accrued plus credited)	25
VOP requirement	69	Accrued (recorded by trainee)	3 of 3
Additional target	0	Credited	0
Remaining	44	Eligible Excess: 0 Ineligible Excess: 0	

Show 10 entries Search:

Date	Supervisor	Credit adjusted from	Credit adjusted to	Additional target adjusted from	Additional target adjusted to	Justification
No data available in table						

Showing 0 to 0 of 0 entries First Previous Next Last

The above example shows the time target for clinical anaesthesia time (CAT) for IT and BT combined. (This figure includes the allowance for a total of 13 weeks in another specialty such as pain or retrieval medicine that can be counted as part of the overall CAT requirement during BT and AT combined).

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- VOP requirement
    - This is the requirement as stated in the curriculum and regulations e.g. trainees are required to undertake a minimum of 69 weeks clinical anaesthesia time (CAT) during IT and BT combined
- Additional target
    - Indicates any increase in target set by the SOT
- Total target
    - This is the base target plus the additional target
- Remaining
    - Indicates the number of weeks left to accrue toward the total target for that training type
- Total accrued (accrued plus credited)
    - This is the number of weeks that will accrue against the total target.
      This will not display more than the total target
- Accrued (recorded by trainee) X of Y
    - X represents the number of weeks that count toward the total target for that training type
    - Y represents the total number of weeks recorded by the trainee
- The difference between X and Y represents either eligible or ineligible excess for that training type
- Credited
    - This field is applicable to transitioning trainees only, where they have been allocated credit toward the minimum/maximum target for a training type under the 2013 curriculum (based on training completed under the 2004 curriculum and governing regulations)
- Eligible excess (Time only)
    - This field will display any confirmed time that is in excess of the minimum/maximum time target for a particular training type (and period) and has been accrued after the AVT target for the current training period has been met.
      In other words, if a trainee in IT records 28 weeks and their core unit review is held at the end of week 28 (and they were deemed to have met all requirements of the training period by the end of week 26); once the core unit review has been submitted, weeks 27 and 28 will display here as 'Eligible excess'. Prior to the core unit review, all time recorded in excess of the minimum/maximum targets will display as 'Ineligible excess'
    - Eligible excess will only be carried forward into the next training period if it falls after the date of progression set at the core unit review
- Ineligible excess (Time only)
    - If a trainee records time in excess of the minimum time target for the training period and their core unit review is held after the minimum time target for the training period has been met, any time in excess of the minimum time target, during which the trainee was completing outstanding requirements and which falls before the date of progression set at the review, will be deemed 'Ineligible excess' and will not be carried forward to the next training period

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In the example below, the trainee has completed 26 weeks of CAT during IT and a further four weeks of CAT in extended time, while completing outstanding VOP requirements.

Their SOT conducts the CUR after 28 weeks and determines that the trainee achieved the outstanding requirements by the end of that week. Therefore the date of progression is set at the end of week 28 and the CAT recorded in weeks 29 and 30 are credited toward the minimum target for CAT during BT. The CAT recorded in weeks 27 and 28 will be ineligible excess and displayed as so on the time target screen for CAT during IT.

IT Trainee: AVT = 26 *Assumption: the time is confirmed weekly*					
Week	26	27	28	29	30
Training Type	CAT	CAT	CAT	CAT	CAT
Accrued	26 of 26	26 of 27	26 of 28	26 of 29	26 of 30
Eligible excess (Overall)	0	1	2	3	4
Ineligible excess (Overall)	0	0	0	0	0
Remaining	0	0	0	0	0

CUR due here — Date of Progression set here

The following example demonstrates how the time targets are displayed on the 'Time target' screen for each training type. The trainee is in IT and has accrued more than the maximum OCT permitted during this training period. This demonstrates how the 'Eligible excess' and 'Ineligible excess' fields are populated.

The table below displays the time targets for the first ten weeks of their training:

IT Trainee: AVT = 26 *Assumption: the time is confirmed weekly*										
Week	1	2	3	4	5	6	7	8	9	10
Training Type	CAT	CAT	CAT	CAT	OCT	OCT	OCT	CAT	CAT	CAT
Accrued (recorded by trainee)	1 of 1	2 of 2	3 of 3	4 of 4	1 of 1	1 of 2	1 of 3	5 of 5	6 of 6	7 of 7
Eligible excess	0	0	0	0	0	0**	0**	0	0	0
Ineligible excess	0	0	0	0	0	1***	2***	0	0	0
Remaining	21*	20	19	18	0	0	0	17	16	15

The above fields represent what is displayed on the time target screen for CAT only — The above fields represent what is displayed on the time target screen for OCT only — The above fields represent what is displayed on the time target screen for CAT only

*The minimum target for CAT during IT is 22 weeks. The 'Remaining' target field represents the difference between the CAT target and the number of weeks of confirmed CAT

**The maximum target for OCT (including ICM) during IT is one week. Although the trainee has completed OCT in excess of the target, the 'Eligible excess' field will not display the excess, because they have not yet met their AVT target for the IT training period. Therefore this time is displayed as 'Ineligible excess'. At the time that the trainee progresses to basic training, any OCT in excess of that permitted for IT will automatically roll into the OCT allowance for basic training

***As the trainee has completed more than the permitted OCT during IT and they have not reached their AVT target for IT, this time is displayed as 'Ineligible excess' on the time target screen for OCT.

If the trainee continues to complete OCT in excess of the maximum permitted without first reaching the AVT target, this field will increment accordingly. At the time that the trainee progresses to basic training, any OCT in excess of that permitted for IT will automatically roll into the OCT allowance for basic training and the data displayed in the 'Ineligible excess' field will move to the 'Eligible excess' field.

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Note:

The log of adjustments to targets and credits for time, cases and procedures and workplace-based assessment displays all changes made since the launch of the TPS, with the exception of data uploaded by ANZCA administrative staff and any other changes that may have been made using automated data upload processes within the College e.g. for credit allocated toward the cases and procedures and workplace-based assessment requirements for the Clinical Fundamentals for transitioned trainees at the start of the 2013 hospital employment year. In summary, any changes that were made with a corresponding justification entered by the user should be displayed in the log

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How to view your rotation information

To view your rotation and placement information, select 'Rotations' from the left hand menu.

This page displays a summary of your current and previous rotations and placements.

The rotation is displayed in the grey shadowed area with the start and end dates in brackets.
The placement(s) within that rotation is displayed below with the start and end dates.

In the above example, the trainee was allocated to the TPS Demo Rotation from 1st January to 30th September 2013. Within that rotation the trainee was placed at the TPS Demo Hospital.

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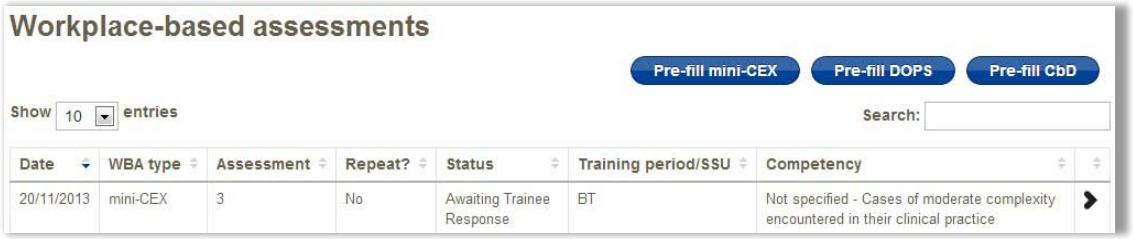
Workplace-based assessment

The workplace-based assessments (WBA) screen displays a summary of assessments that are either in progress or have been completed.

From this section you can initiate an assessment by pre-filling the appropriate form.

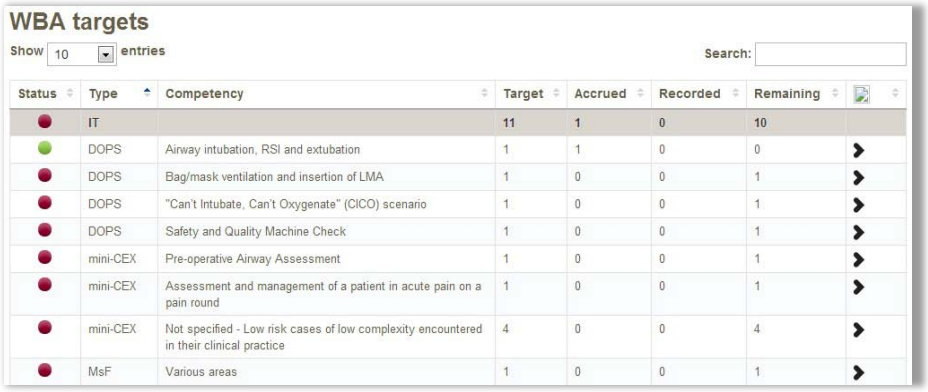


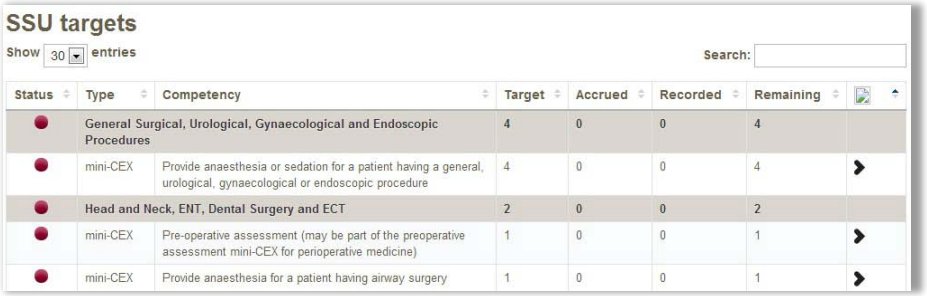
The summary table shows the date of the assessment, the WBA type, the assessment (global assessment given by the assessor), the repeat status i.e. whether or not you should repeat the assessment, the status of the assessment (pre-filled, in progress, awaiting trainee response or completed), the training period to which the assessment relates and the competency, or focus of the assessment.

To access the assessment, click on the arrow to the right of the screen.

The workplace-based assessment targets screens display the targets for each training period and also for the specialised study units.

The target screen for the training periods ('WBA targets') can be accessed by clicking on the 'Workplace based assessments summary (details)' link on the dashboard or 'Home' screen.


WBA targets
Show 10 entries
Search:
Status
Type
Competency
Target
Accrued
Recorded
Remaining
IT 11 1 0 10
DOPS Airway intubation, RSI and extubation 1 1 0 0
DOPS Bag/mask ventilation and insertion of LMA 1 0 0 1
DOPS "Can't Intubate, Can't Oxygenate" (CICO) scenario 1 0 0 1
DOPS Safety and Quality Machine Check 1 0 0 1
mini-CEX Pre-operative Airway Assessment 1 0 0 1
mini-CEX Assessment and management of a patient in acute pain on a pain round 1 0 0 1
mini-CEX Not specified - Low risk cases of low complexity encountered in their clinical practice 4 0 0 4
MsF Various areas 1 0 0 1


SSU targets
Show 30 entries
Search:
Status
Type
Competency
Target
Accrued
Recorded
Remaining
General Surgical, Urological, Gynaecological and Endoscopic Procedures 4 0 0 4
mini-CEX Provide anaesthesia or sedation for a patient having a general, urological, gynaecological or endoscopic procedure 4 0 0 4
Head and Neck, ENT, Dental Surgery and ECT 2 0 0 2
mini-CEX Pre-operative assessment (may be part of the preoperative assessment mini-CEX for perioperative medicine) 1 0 0 1
mini-CEX Provide anaesthesia for a patient having airway surgery 1 0 0 1

The target screen for the specialised study units ('SSU targets') can be accessed by clicking on the 'WBA specialised study units summary (details)' link on the dashboard or 'Home' screen.

Please note the screen views in this guide contain fictional trainee information

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Remember:

- Remember to enter the date as the date the assessment was undertaken. The date can be edited until the assessment is submitted
- The different statuses of the assessments are as follows:
    - **Pre-filled** is when you or a nominated assessor has pre-filled a WBA form and the assessment itself is yet to be carried out or the form yet to be completed
    - **In progress** is when the assessor has completed either some or all of the remaining fields in the form and selected 'save and finish later' if the assessment is not yet complete
    - **Awaiting trainee response** is when the assessment has been submitted by the assessor and the form is available for you to add your comments to, in response to the rating given and any other aspects of the assessment
    - **Completed** is when the assessment and form have been completed, you have provided your response and the assessor has submitted the completed form
- You can cancel the form pre-filling process at any time by clicking on 'Back' or 'Cancel'
- Once you have pre-filled an assessment form, you will need to arrange with the nominated assessor to complete the assessment
- Once you save the pre-filled form, you will not be able to edit or delete the assessment. Instead your nominated assessor will be able to edit or delete the entry, up until the time that the form is submitted.
- The nominated assessor will not receive any automated message(s) notifying them of assessments that require completion, editing or deletion. You will need to ask them in person.

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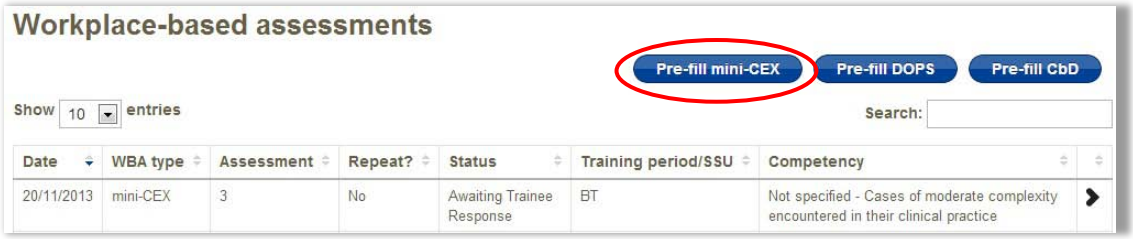
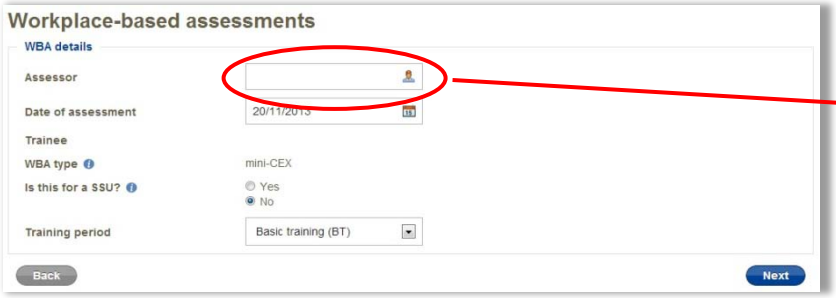
How to pre-fill a mini clinical evaluation exercise (mini-CEX) form

Select 'Pre-fill mini-CEX' from the Workplace-based assessments screen



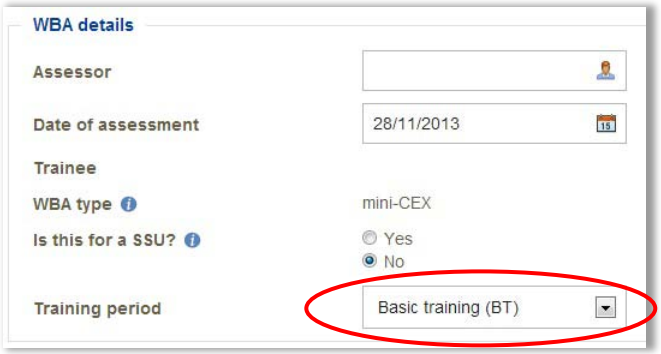
Select your chosen assessor by clicking on the assessor field and using the search function.



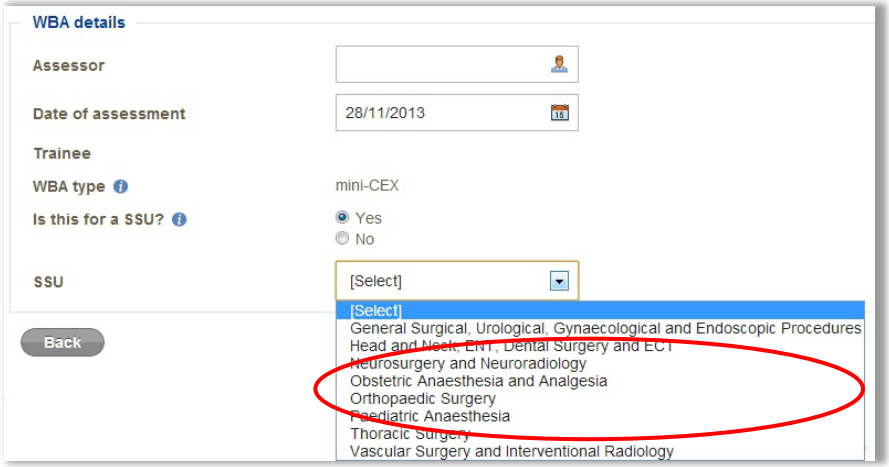
You can search for an assessor using one or more characters from their College ID, first name or last name.
Click on the arrow next to their name to add them to the 'Assessor field'.

Enter the date of assessment and if it is not an assessment for an SSU, choose the relevant training period.

If it is for an SSU, the drop-down menu below will present a list of the specialised study units that have mandated mini-CEX.



Choose the applicable training period or SSU and click on 'Next'



Please note the screen views in this guide contain fictional trainee information

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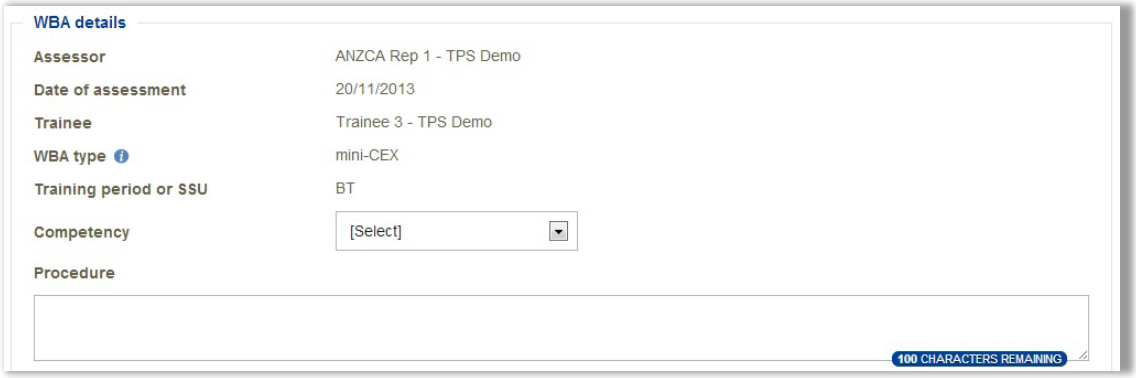
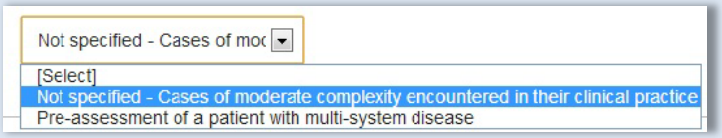
The next screen contains the assessment form and the following fields can be pre-filled:

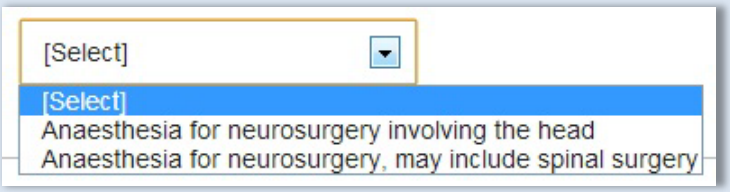
Select the 'Competency' from the drop-down list and enter case/procedure details in the 'Procedure' field (free text).



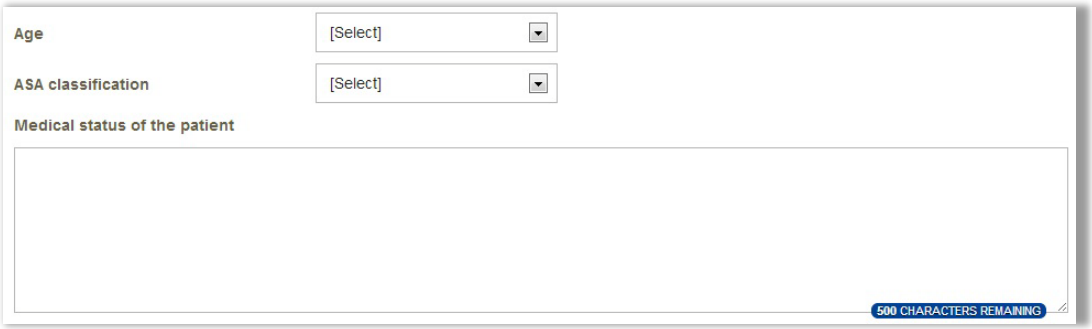
If completing a non-specified mini-CEX, select the 'Not specified' option, which is described according to the training period. For example, a non-specified mini-CEX during introductory training should be done on cases of low complexity, moderate complexity during basic training and high complexity during advanced training.


Not specified - Cases of moc
[Select]
Not specified - Cases of moderate complexity encountered in their clinical practice
Pre-assessment of a patient with multi-system disease

If completing a mini-CEX for an SSU, depending on the SSU chosen, the corresponding mandated mini-CEX will display in the drop-down list for 'Competency'.



Select the 'Age', 'ASA classification' and 'Medical status of the patient'.



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Lastly, enter details on any 'Other issues' there may be and select the case complexity based on the information against each rating category (low, moderate or high).

Peripheral minor surgery, age 16-70 ASA 1-2 not 2nd or 3rd trimester of pregnancy

The case has some elements of surgical or patient complexity but not both

Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and support. The patient has significant co-morbidities and/or pre-surgical physiological derangement. The anaesthetist may need to lead a number of team members (including other anaesthetists) in order to attain an optimal outcome

When finished, click on 'Save pre-filled mini-CEX'. The assessment will display on the main WBA screen with a status of 'Pre-filled'.

Once pre-filled, the assessment will be displayed on the dashboard for the nominated assessor.

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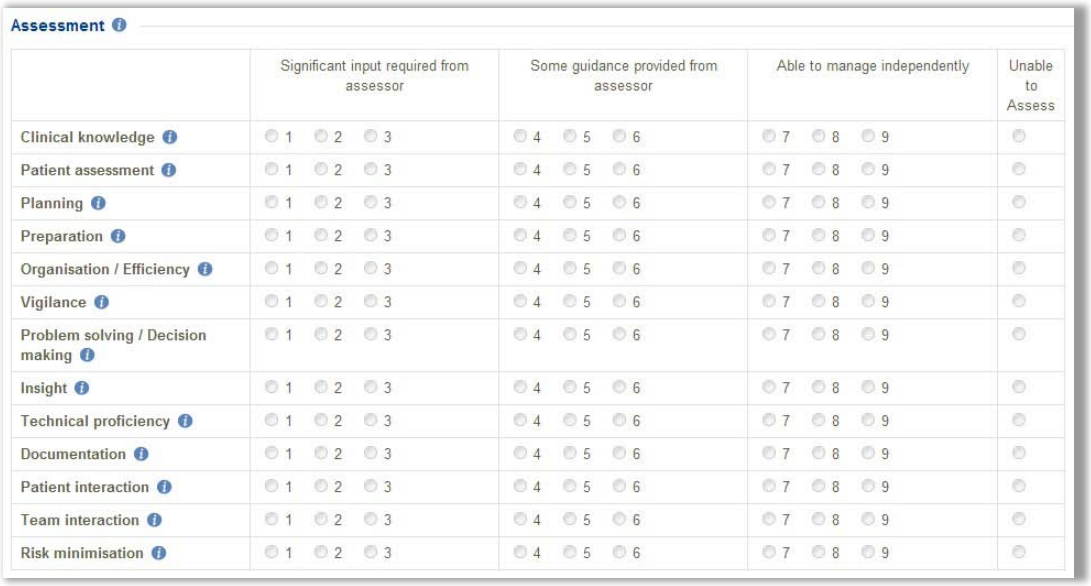
The rest of the form is for the assessor to fill out, including the overall 'Assessment' in addition to recording the focus of the discussion during the assessment process, information on examples of what was done well, areas that needed supervisory input and suggestions for gaining greater independence.



Assessment

	Significant input required from assessor			Some guidance provided from assessor			Able to manage independently			Unable to Assess
Clinical knowledge	1	2	3	4	5	6	7	8	9	
Patient assessment	1	2	3	4	5	6	7	8	9	
Planning	1	2	3	4	5	6	7	8	9	
Preparation	1	2	3	4	5	6	7	8	9	
Organisation / Efficiency	1	2	3	4	5	6	7	8	9	
Vigilance	1	2	3	4	5	6	7	8	9	
Problem solving / Decision making	1	2	3	4	5	6	7	8	9	
Insight	1	2	3	4	5	6	7	8	9	
Technical proficiency	1	2	3	4	5	6	7	8	9	
Documentation	1	2	3	4	5	6	7	8	9	
Patient interaction	1	2	3	4	5	6	7	8	9	
Team interaction	1	2	3	4	5	6	7	8	9	
Risk minimisation	1	2	3	4	5	6	7	8	9	

The assessor will be guided through the assessment, as the information buttons for each area of the assessment explain what needs to be considered. For example, for 'Clinical knowledge' the trainee must demonstrate '…relevant knowledge and understanding of the procedure including indications, contraindications, anatomy, technique, side effects and complications'.

For 'Vigilance' the trainee 'Demonstrates situational awareness through constant clinical and electronic monitoring. Maintains focus on the patient and avoids distraction'.

The assessor will also complete a 'Global assessment' which includes a rating on the level of supervision you required overall for that case type and an indication of the level at which you performed. They will also indicate whether you need to repeat the assessment for a similar type of clinical case.

Global assessment

	Trainee needs assessor in the theatre suite	Trainee needs assessor in the hospital	Trainee could manage this procedure independently and does not require direct supervision
What level of supervision does the trainee require for THIS case overall?	1 2 3	4 5 6	7 8 9

At what level did the trainee perform? [Select]

Does this assessment need to be repeated for a similar type of clinical case?

Yes No

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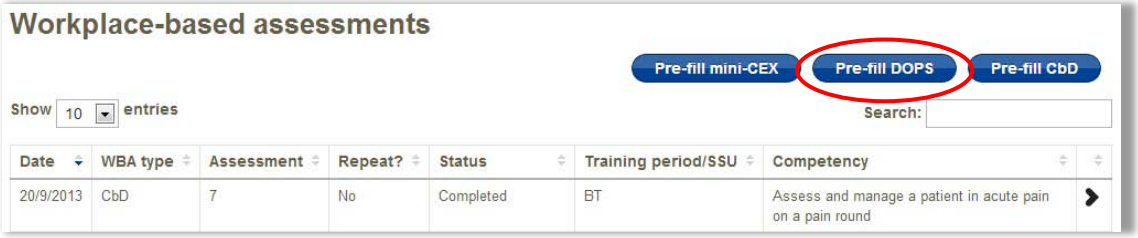
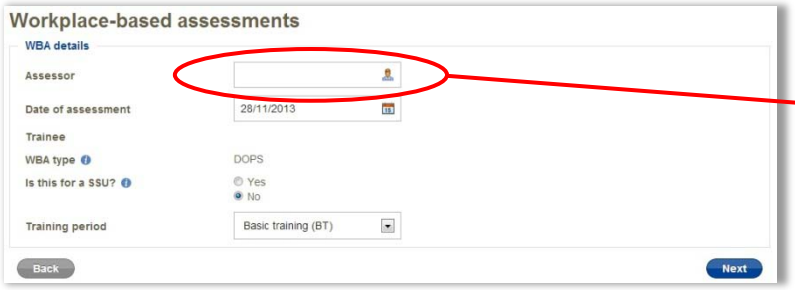
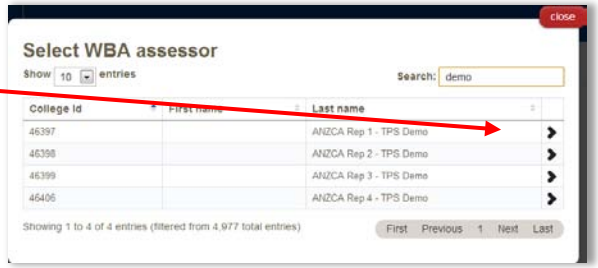
How to pre-fill a direct observation of procedural skills (DOPS) form

Select 'Pre-fill DOPS' from the workplace-based assessments screen



Select your chosen assessor by clicking on the assessor field and using the search function.

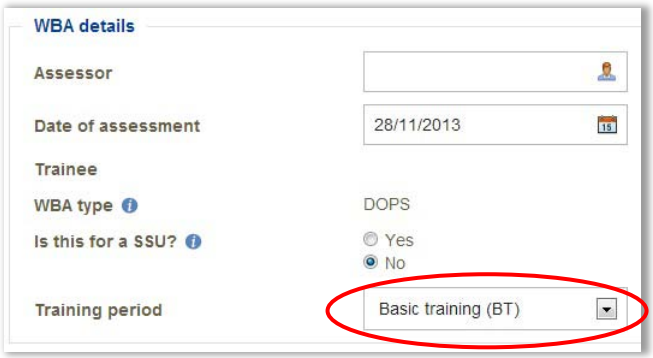




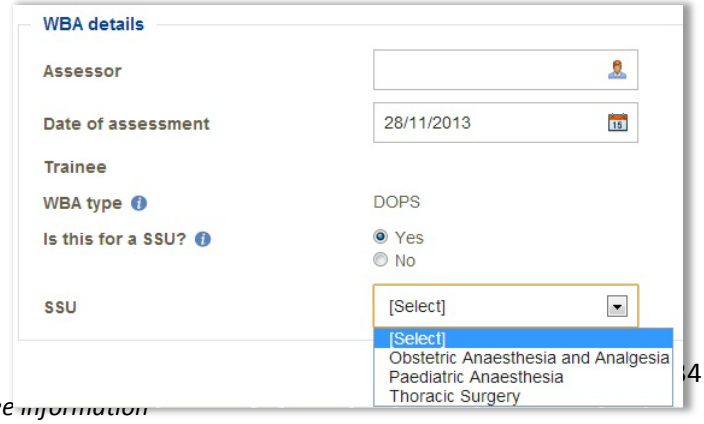
You can search for an assessor using one or more characters from their College ID, first name or last name.
Click on the arrow next to their name to add them to the 'Assessor field'.

Enter the date of assessment and if it is <u>not</u> an assessment for an SSU, choose the relevant training period.

If it is for an SSU, the drop-down menu below will present a list of the specialised study units that have mandated DOPS.



Choose the applicable training period or SSU and click on 'Next'



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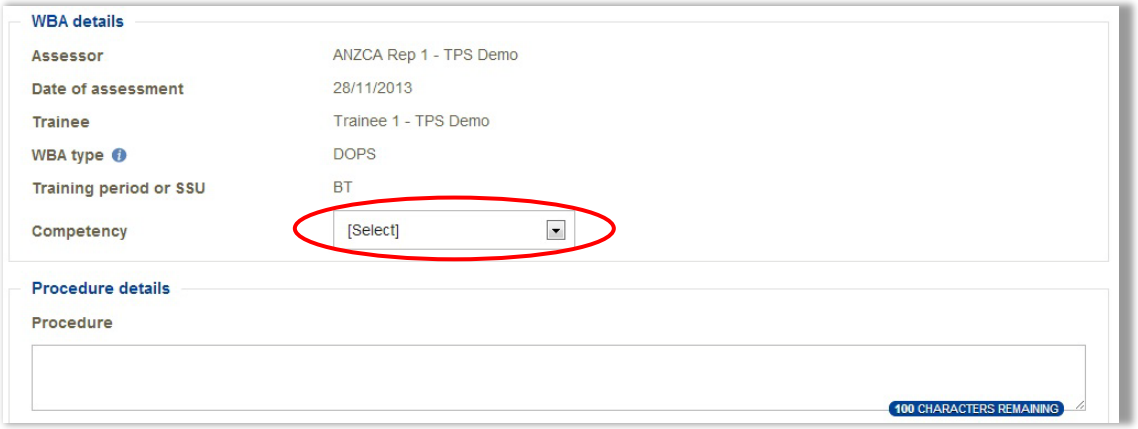
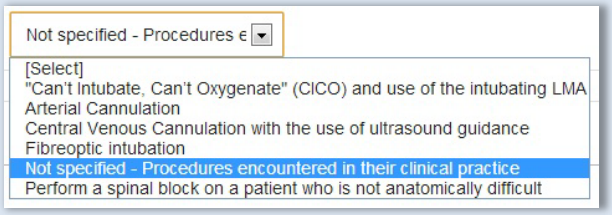
The next screen contains the assessment form and the following fields can be pre-filled:

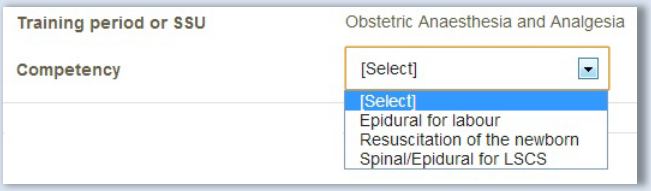
Select the 'Competency' from the drop-down list and enter procedure details in the 'Procedure' field (free text).



If completing a non-specified DOPS, select the 'Not specified' option.


Not specified - Procedures e
[Select]
"Can't Intubate, Can't Oxygenate" (CICO) and use of the intubating LMA
Arterial Cannulation
Central Venous Cannulation with the use of ultrasound guidance
Fibreoptic intubation
Not specified - Procedures encountered in their clinical practice
Perform a spinal block on a patient who is not anatomically difficult

If completing a DOPS for an SSU, depending on the SSU chosen, the corresponding mandated DOPS will display in the drop-down list for 'Competency'.



Enter the details of the procedure and whether it was conducted on a patient or during a simulation exercise, the number of times you have previously completed the procedure, whether or not ultrasound was used (where applicable), the degree of difficulty and the time pressure, either and elective or critical procedure.

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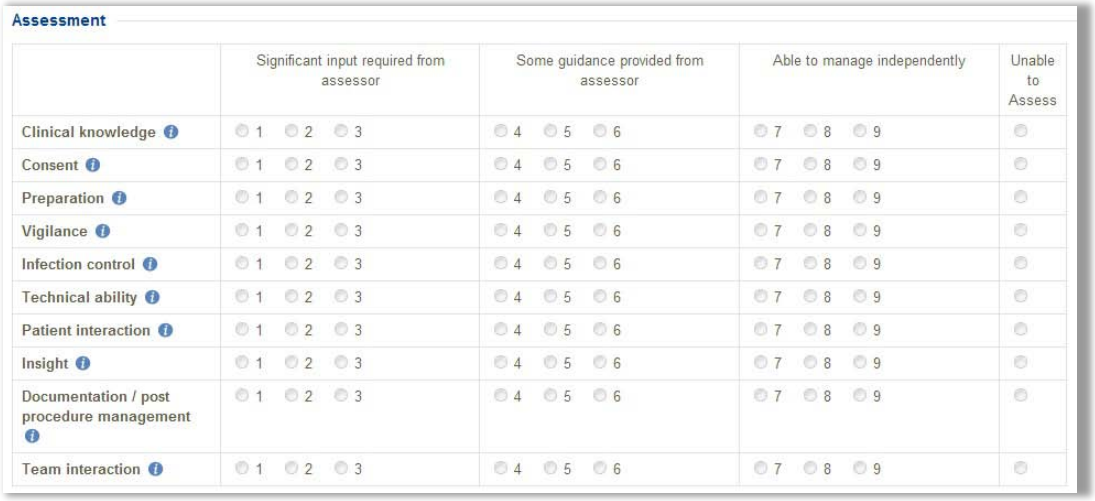
Explain the reason for any added difficulty in the free text box below.

When finished, click on 'Save pre-filled DOPS'. The assessment will display on the main WBA screen with a status of 'Pre-filled'.

Once pre-filled, the assessment will be displayed on the dashboard for the nominated assessor.

The rest of the form is for the assessor to fill out, including the overall 'Assessment' in addition to recording the focus of the discussion during the assessment process, information on examples of what was done well, areas that needed supervisory input and suggestions for gaining greater independence.



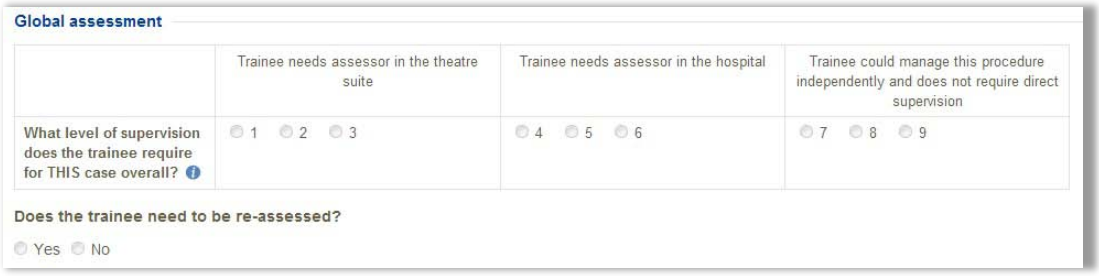
Assessment

	Significant input required from assessor	Some guidance provided from assessor	Able to manage independently	Unable to Assess
Clinical knowledge	1 2 3	4 5 6	7 8 9	
Consent	1 2 3	4 5 6	7 8 9	
Preparation	1 2 3	4 5 6	7 8 9	
Vigilance	1 2 3	4 5 6	7 8 9	
Infection control	1 2 3	4 5 6	7 8 9	
Technical ability	1 2 3	4 5 6	7 8 9	
Patient interaction	1 2 3	4 5 6	7 8 9	
Insight	1 2 3	4 5 6	7 8 9	
Documentation / post procedure management	1 2 3	4 5 6	7 8 9	
Team interaction	1 2 3	4 5 6	7 8 9	

The assessor will be guided through the assessment, as the information buttons for each area of the assessment explain what needs to be considered. For example, for 'Clinical knowledge' the trainee must demonstrate '…relevant knowledge and understanding of the procedure including indications, contraindications, anatomy, technique, side effects and complications'.

For 'Vigilance' the trainee 'Demonstrates situational awareness through constant clinical and electronic monitoring. Maintains focus on the patient and avoids distraction'.

The assessor will also complete a 'Global assessment' which includes a rating on the level of supervision you required overall for that case type and an indication of the level at which you performed. They will also indicate whether you need to repeat the assessment.



Global assessment

	Trainee needs assessor in the theatre suite	Trainee needs assessor in the hospital	Trainee could manage this procedure independently and does not require direct supervision
What level of supervision does the trainee require for THIS case overall?	1 2 3	4 5 6	7 8 9

Does the trainee need to be re-assessed?

Yes No

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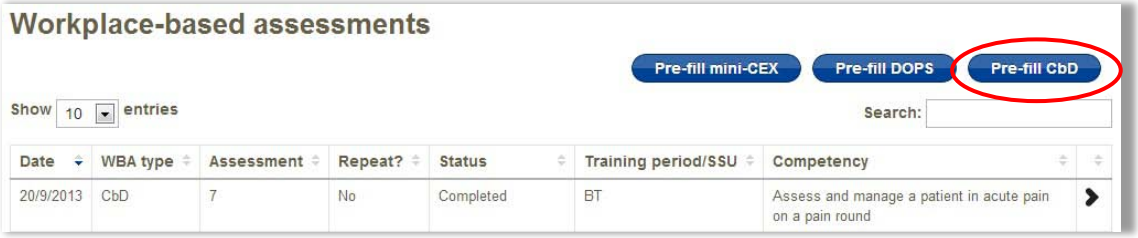
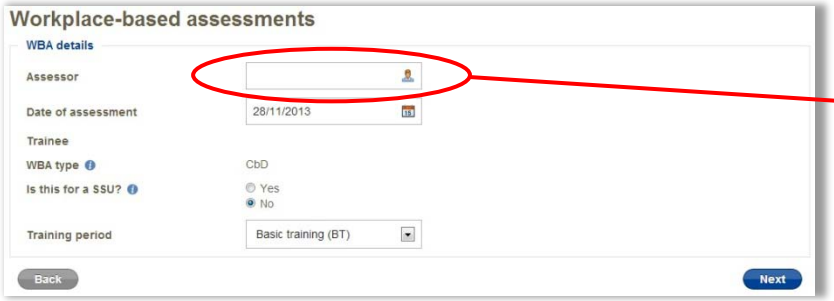
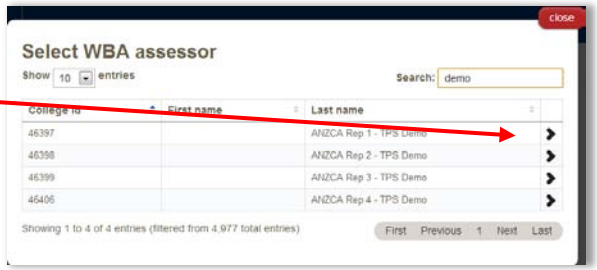
How to pre-fill a case based discussion (CbD) form

Select 'Pre-fill CbD' from the workplace-based assessments screen



Select your chosen assessor by clicking on the assessor field and using the search function.

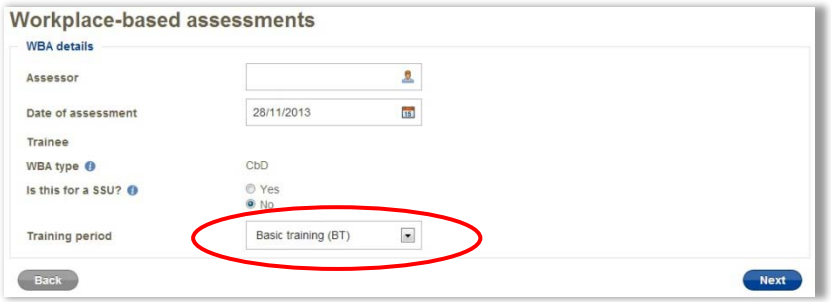




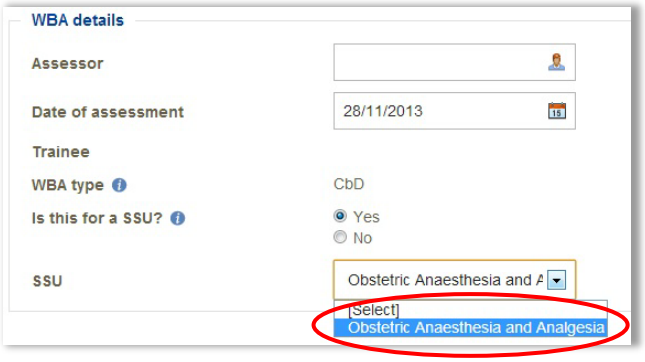
You can search for an assessor using one or more characters from their College ID, first name or last name.
Click on the arrow next to their name to add them to the 'Assessor field'.

Enter the date of assessment and if it is not an assessment for an SSU, choose the relevant training period.
If it is for an SSU, the drop-down menu below will present a list of the specialised study units.

Choose the applicable training period or SSU and click on 'Next'



Choose the applicable training period or SSU and click on 'Next'



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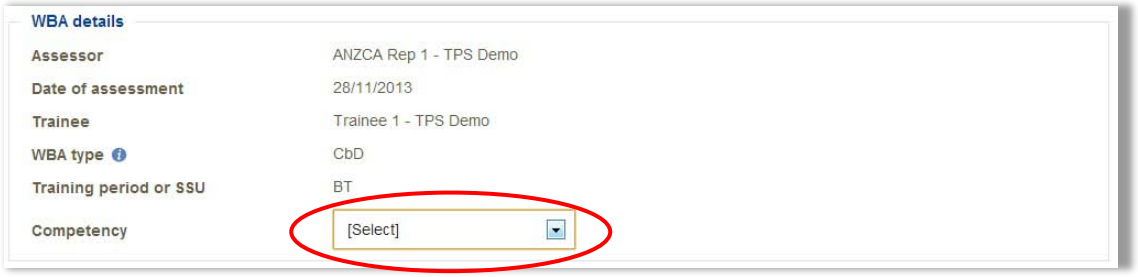
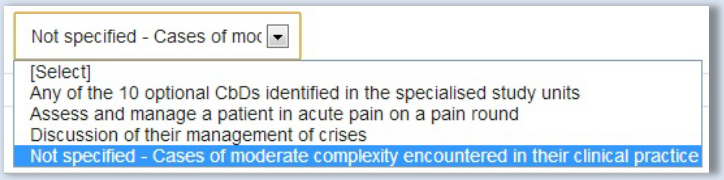
The next screen contains the assessment form and the following fields can be pre-filled:

Select the 'Competency' from the drop-down list and enter procedure details in the 'Procedure' field (free text).

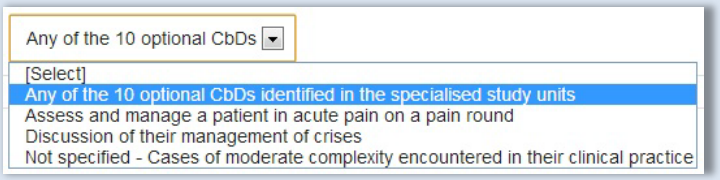


If completing a non-specified CbD, select the 'Not specified' option.

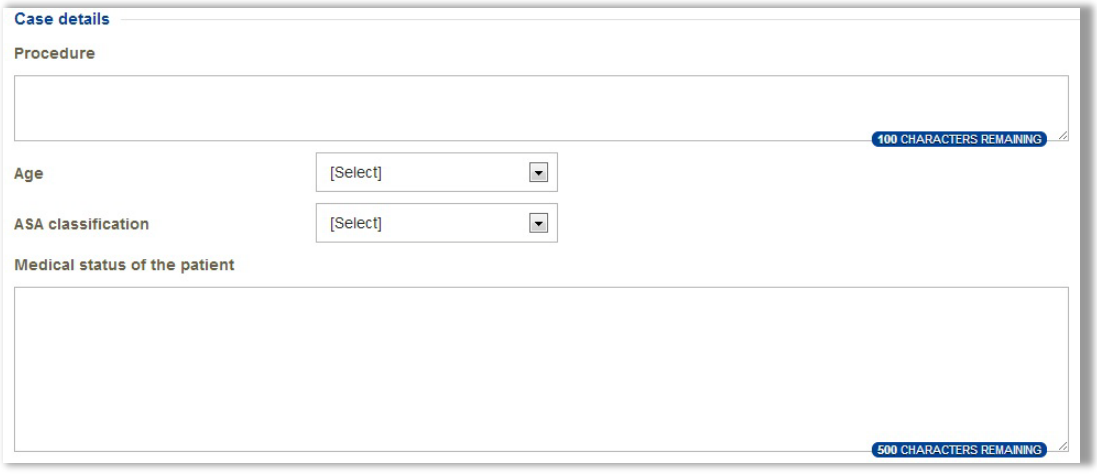

Not specified - Cases of moc
[Select]
Any of the 10 optional CbDs identified in the specialised study units
Assess and manage a patient in acute pain on a pain round
Discussion of their management of crises
Not specified - Cases of moderate complexity encountered in their clinical practice

If completing a CbD for an SSU, select the option 'Any of the 10 optional CbDs identified in the specialised study units'. This is described in this way because trainees are required to complete three CbDs during basic training (one of which may be for a Clinical Fundamental or SSU) and five during advanced training (one of which may be for a Clinical Fundamental or SSU).

When completing a CbD for an SSU, trainees may 'Select from the case-based discussions identified in the specialised study units'. For this purpose trainees should refer to the learning outcomes from the SSU that are identified as being assessable by CbD, to get an indication of an area to focus on. For example, Thoracic surgery contains a learning outcome to 'Provide anaesthesia for patients requiring bronchoscopy' which is mapped to the CbD assessment tool.


Any of the 10 optional CbDs
[Select]
Any of the 10 optional CbDs identified in the specialised study units
Assess and manage a patient in acute pain on a pain round
Discussion of their management of crises
Not specified - Cases of moderate complexity encountered in their clinical practice

Enter the procedure details and select the 'Age', 'ASA classification' and 'Medical status of the patient'.



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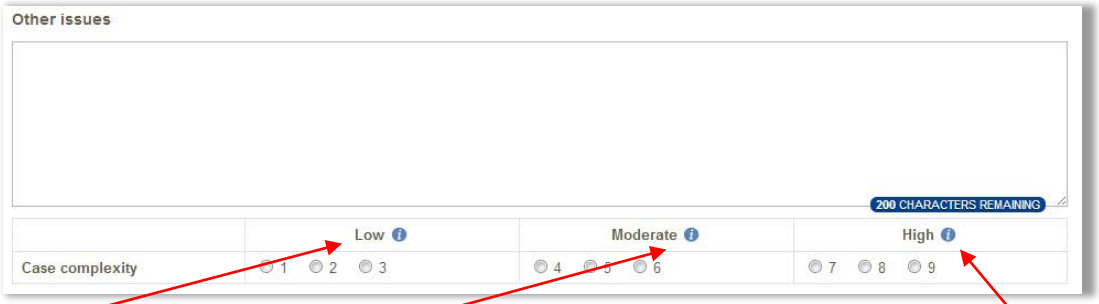
Lastly, enter details on any 'Other issues' there may be and select the case complexity based on the information against each rating category (low, moderate or high).



Peripheral minor surgery, age 16-70 ASA 1-2 not 2nd or 3rd trimester of pregnancy

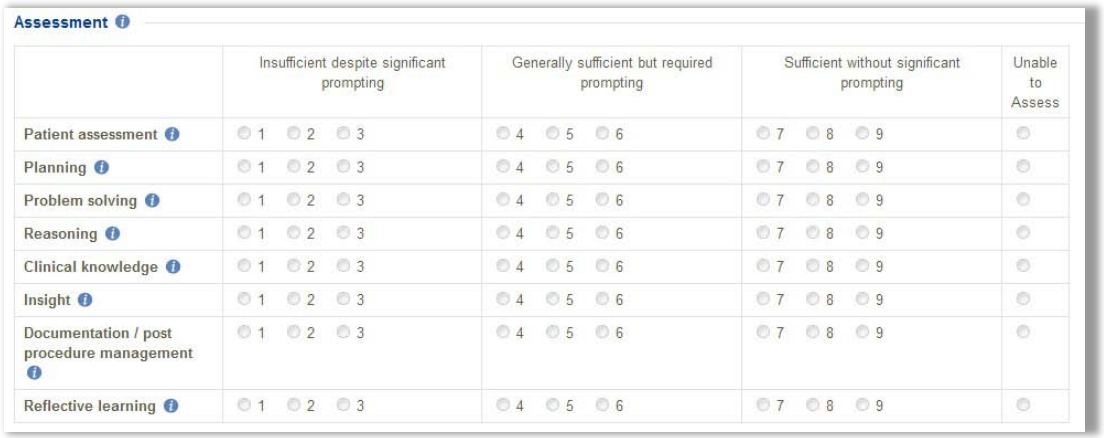
The case has some elements of surgical or patient complexity but not both

Major intra-cavity surgery or craniotomy with significant physiological insult requiring intensive monitoring and support. The patient has significant co-morbidities and/or pre-surgical physiological derangement. The anaesthetist may need to lead a number of team members (including other anaesthetists) in order to attain an optimal outcome

When finished, click on 'Save pre-filled CbD'. The assessment will display on the main WBA screen with a status of 'Pre-filled'.

Once pre-filled, the assessment will be displayed on the dashboard for the nominated assessor.

The rest of the form is for the assessor to fill out, including the overall 'Assessment' in addition to recording the focus of the discussion during the assessment process, information on examples of what was done well, areas that needed supervisory input and suggestions for gaining greater independence.



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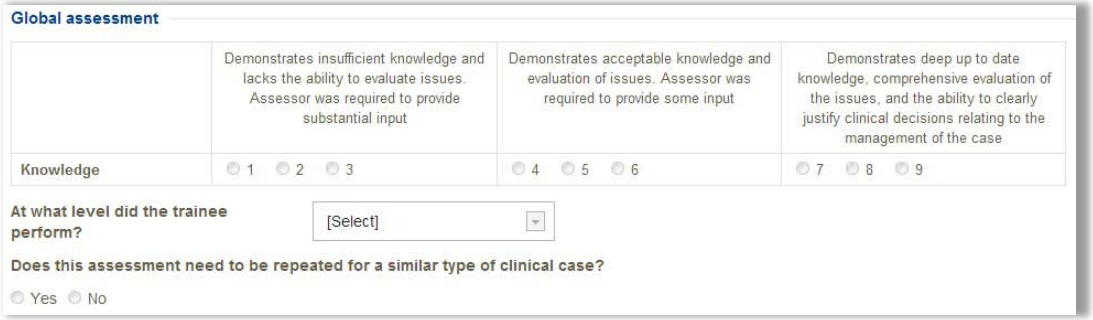
The assessor will also complete a 'Global assessment' which includes a rating on your knowledge level and ability to evaluate the issues relevant to the case. They will also indicate whether you need to repeat the assessment for a similar type of clinical case.



Global assessment

	Demonstrates insufficient knowledge and lacks the ability to evaluate issues. Assessor was required to provide substantial input	Demonstrates acceptable knowledge and evaluation of issues. Assessor was required to provide some input	Demonstrates deep up to date knowledge, comprehensive evaluation of the issues, and the ability to clearly justify clinical decisions relating to the management of the case
Knowledge	1 2 3	4 5 6	7 8 9

At what level did the trainee perform? [Select]

Does this assessment need to be repeated for a similar type of clinical case?

Yes No

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How to complete a multi-source feedback (MsF)

Refer to the MsF user guide for trainees, available on the ANZCA website.

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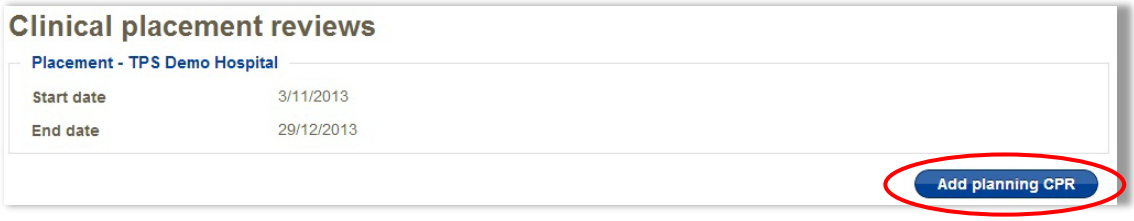
Clinical placement reviews (CPR)

The Clinical placement reviews section is where you can review recently completed or in-progress reviews, and initiate a planning review.

Refer to section 7.3.2 of the ANZCA Handbook for Training and Accreditation for more information on CPRs and the CPP.

Planning clinical placement review

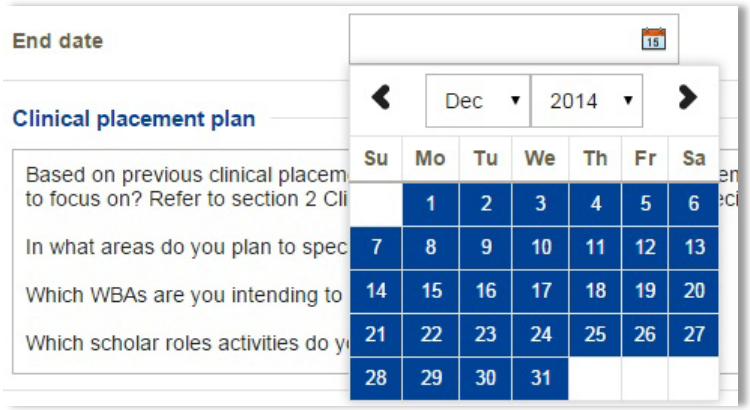
To start a planning CPR, select 'Add planning CPR'



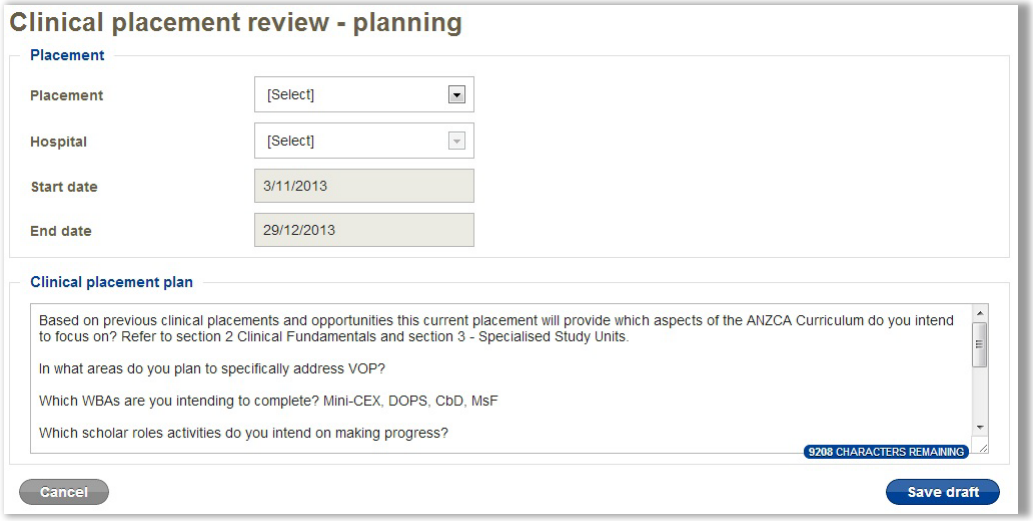
On the next screen the hospital and start and end dates will default to your current placement.

The start and end dates can be amended if the plan needs to reflect a term within a placement, for example when an intensive care medicine term might only be 13 weeks of a 26 week placement at the same hospital.

To amend the dates, click on the calendar icon to the right of the date entry and select the preferred date to start, or end, the plan.



You will need to complete a clinical placement plan (CPP) for your planning CPR and the CPP field contains some questions for you to consider in writing up your plan.


Clinical placement review - planning
Placement
Placement
[Select]
Hospital
[Select]
Start date
3/11/2013
End date
29/12/2013
Clinical placement plan
Based on previous clinical placements and opportunities this current placement will provide which aspects of the ANZCA Curriculum do you intend to focus on? Refer to section 2 Clinical Fundamentals and section 3 - Specialised Study Units.
In what areas do you plan to specifically address VOP?
Which WBAs are you intending to complete? Mini-CEX, DOPS, CbD, MsF
Which scholar roles activities do you intend on making progress?
9208 CHARACTERS REMAINING
Cancel
Save draft

You can respond to the questions that are auto-populated into the planning CPR, or remove or edit this content and replace with your own.

After filling out the clinical placement plan click on 'Save draft' and this will bring up the draft plan on the Clinical placement review screen with a status of 'In progress'.

N.B. The 'CPR date' will not display until the CPR has been submitted.

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To finish the planning CPR process, you will need to meet with your SOT for that placement, to talk through your plan and address any questions you may have or issues that arise.

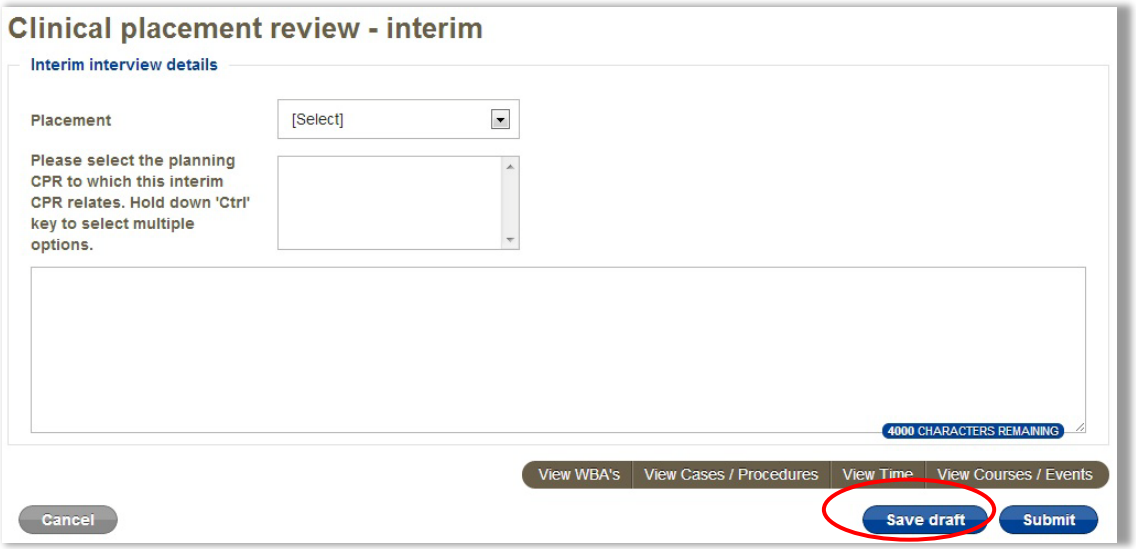
When your SOT logs in to the TPS, they will see a red traffic light against your name for a CPR and your draft clinical placement plan will be available for them to view. Once you have discussed your plan with your SOT, the SOT can click on 'Submit' and your planning CPR will be complete.

The record will then display on your Clinical placement reviews screen with a status of 'Completed'.

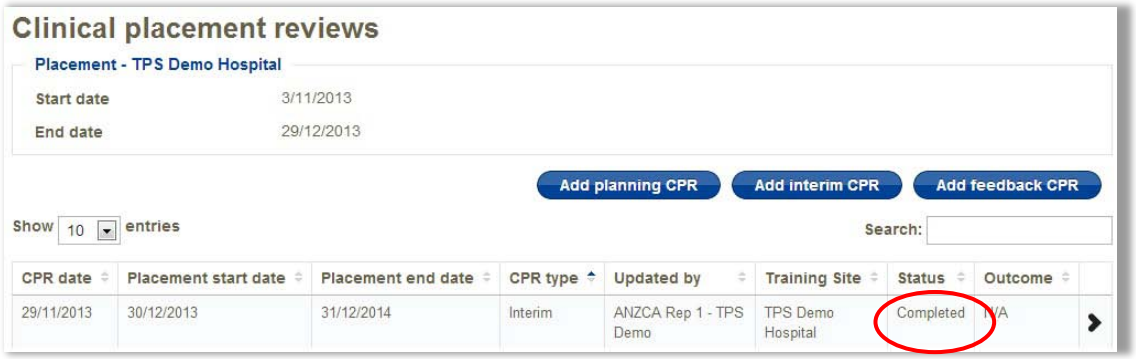
Only your SOT can initiate both the interim and feedback clinical placement reviews.

Interim clinical placement review

When your SOT adds an interim CPR, they can save the information as a draft until you meet to discuss your goals for the remainder of the placement. At this stage it will display on the clinical placement reviews screen with a status of 'in progress'.



Once you have met with your SOT and they have submitted the form, the review will have a status of 'completed'.



The 'Outcome' field relates only to the outcome of a feedback clinical placement review i.e. either 'Yes', 'No' or 'Borderline' and so 'N/A' will be displayed in this field against planning and interim CPRs.

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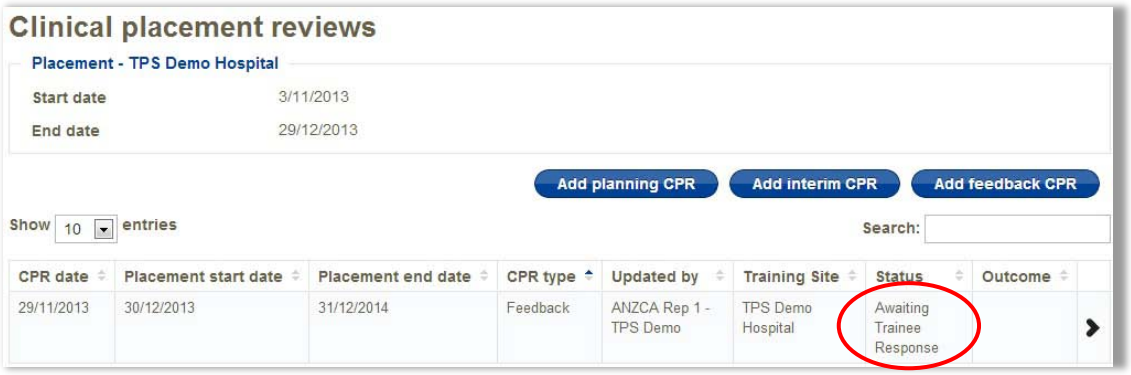
Feedback clinical placement review

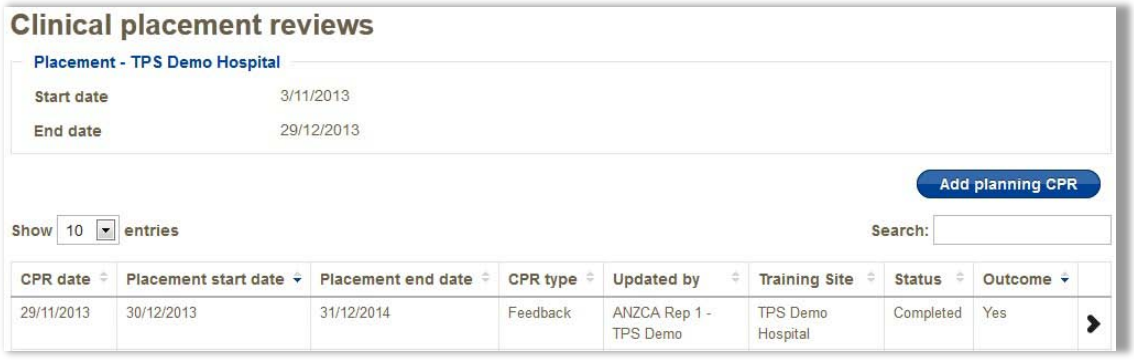
When your SOT adds a feedback CPR and you have met with them to discuss your experience during the placement, your achievements and any areas for improvement, they can submit the CPR and the review will display on your clinical placement reviews screen with a status of 'Awaiting trainee response'.



When you are logged in to your profile, click on the arrow next to the feedback review and enter your comments (optional) before selecting either 'disagree' or 'agree'.

If you disagree with the outcome of the review, the form will continue to display with a status of 'In progress'. It is recommended that you meet with your supervisor of training, to discuss the review and the reasons for the outcome.

If you select 'Agree' the review will display on your screen with a status of 'completed'.



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Remember:

- Trainees can disagree with the assessment during the feedback clinical placement review (CPR) process. If you disagree with the review you are advised to record your feedback in the "Trainee comments" section, explaining why you do not agree with the assessment before submitting the form.
- The different statuses of the clinical placement reviews are as follows:
    - In progress – when a planning, interim or feedback CPR has been initiated/ saved but not yet submitted
    - Awaiting trainee response – when you need to respond to a feedback CPR before it is submitted by your SOT
    - Completed – when a planning, interim or feedback CPR has been submitted by your SOT
- The CPR cycle is now linked so that any interim and feedback CPRs are linked to one or more planning CPRs for the same placement. A new CPR cycle can also be started before the conclusion of a previous one for a different training site or placement.
- When you are midway through a placement, you and your supervisor of training will see a message reminding you to undertake an interim CPR if required. Interim CPRs must be completed every 26 weeks for placements of greater than 26 weeks duration.
- When you are four weeks from the end of a placement, you and your supervisor of training will see a message reminding you to undertake a feedback CPR.

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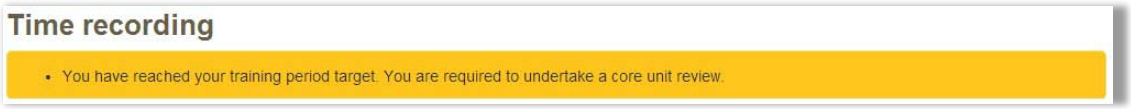
Core unit review (CUR)

The Core unit review section is where you can review recently completed or in-progress reviews.

When you have accrued the minimum time target for your current training period, your SOT will need to conduct a core unit review for you.

A message indicating your CUR is due will display on the 'Time' screen



You will need to meet with your SOT, at which time they can complete and submit the form.

When the CUR form is opened, it will be auto-populated with information relevant to your current training period. Your SOT will be able to review the information to ensure that you have met the minimum requirements of the training period, before they set your date of progression to the next training period.

Once submitted the CUR will display on the 'Core unit reviews' with a status of 'Awaiting trainee response'. It will also display on the dashboard or 'Home' screen under 'Recent reviews'.

To respond to the assessment select 'Core unit review' and click on the arrow next to the review and on the next screen select 'Respond to this core unit review'

View core unit review
Back
Respond to this core unit review
The data displayed is as at the last time this CUR was saved (4/05/2015 2:42:03 PM).
Core unit review
Created date 04/05/2015
Trainee Trainee 5 - TPS Demo (46404)
Training period AT
Training period start date 28/02/2013
Progression Date 04/05/2015
Status Awaiting Trainee Response

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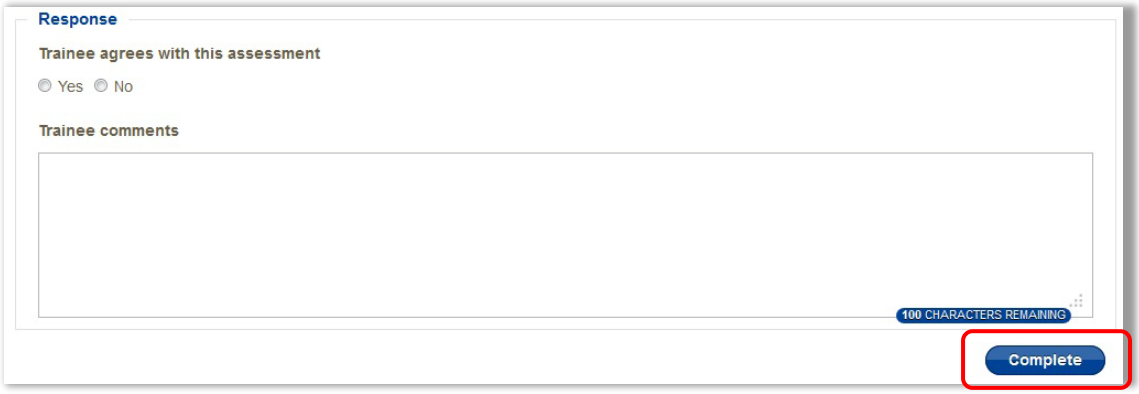
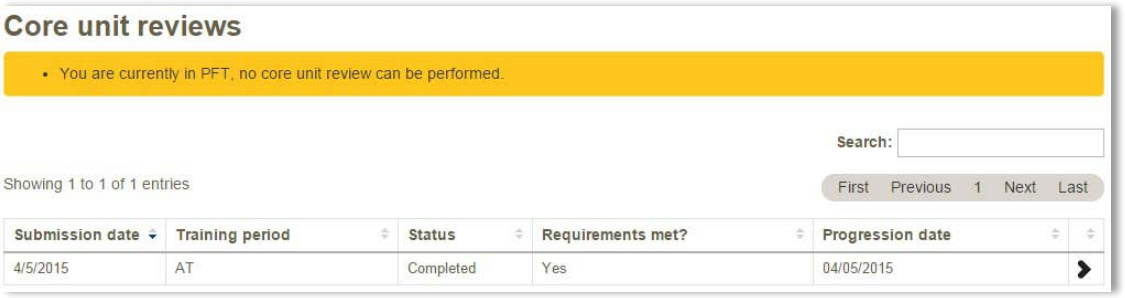
You will need to respond to the review by adding any comments you may have and indicating if you agree with the assessment overall. When finished, click on 'Complete'



The CUR will then display on the 'Core unit reviews' screen with a status of 'Completed'. It will also display on the dashboard or 'Home' screen under 'Recent reviews'. Once a CUR is completed, training information recorded prior to the CUR is locked and cannot be edited or deleted by the trainee or SOT.



When the core unit review is completed and you progress to the next training period, you will see a message confirming that no core unit review can be completed. This is because it is the start of a new training period for which you will not have met the time target.

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Remember:

- Your supervisor of training (SOT) can start the core unit review (CUR) form up to four weeks before you are due to meet your time target for the current training period**.** At this time the SOT can save the form as a draft, which can then be completed on or after the date that you meet the minimum time target and complete all requirements of the training period.
- Core unit review forms can be cancelled or deleted (either before submission or after submission but before the trainee responds) by the SOT who initiated it. If an SOT chooses to cancel a core unit review, they must provide justification for this in the free text field. There can only be one active core unit review at any given time and the SOT will be warned when a core unit review is already in progress with a message that reads “A CUR is already in progress”.
- If there is a disagreement between a trainee and their SOT regarding the outcome of a CUR, it is recommended that the matter be referred to the Education Officer.

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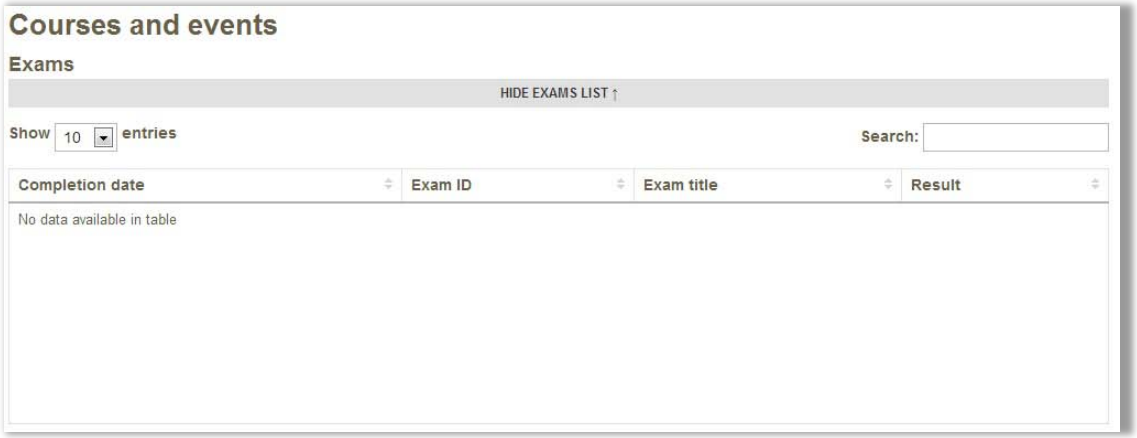
How to view course and events information

The 'Courses and events' section is where you can review and record other aspects of training including examination attempts and results, approved recent anaesthetic experience (RAE), confirmation of completion of the initial assessment of anaesthetic competence (IAAC), you can record course completion, continuing professional development (CPD) and scholar role activities (SRA).

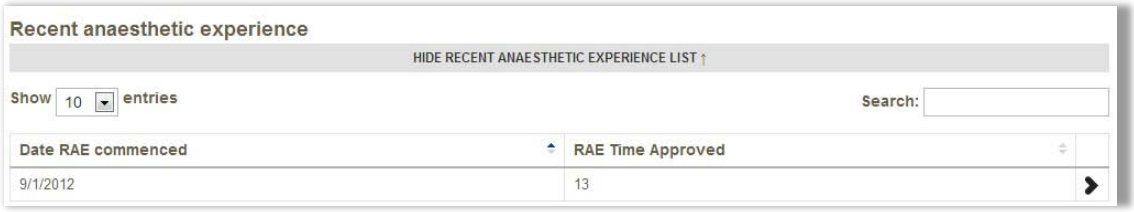
Reviewing examination information

To review examination attempts and results, select 'Courses and events' from the left hand menu, click on 'Show exams list' and the information will display as below.



Reviewing approved recent anaesthetic experience (RAE)

RAE is approved and recorded by your supervisor of training (SOT) and can be viewed by selecting 'Courses and events' from the left hand menu and clicking on 'Show recent anaesthetic experience list'. The information recorded is the date the period of RAE commenced and the number of weeks of RAE approved by the SOT.



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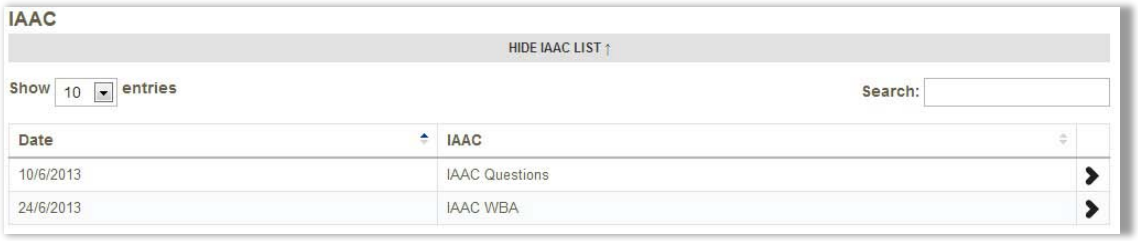
Initial assessment of anaesthetic competence (IAAC)

Your SOT will record the information pertaining to your completion of the IAAC. The information recorded includes the date you answered the IAAC questions (IAACQ) and the date that you completed the IAAC process as a whole i.e. the required workplace-based assessments and the questions.

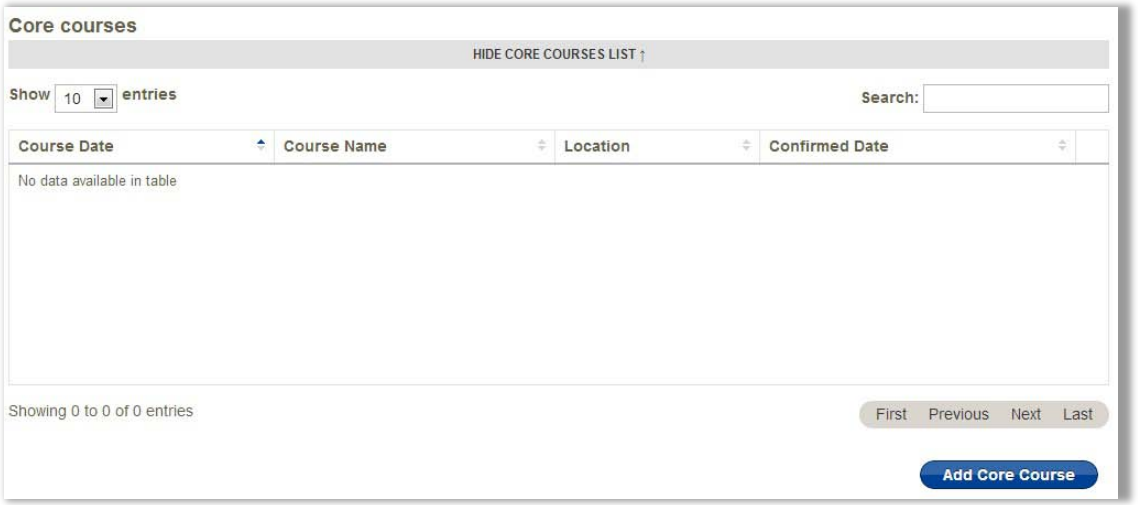
To review the information recorded, select 'Courses and events' from the left hand menu and click on 'Show IAAC list'.

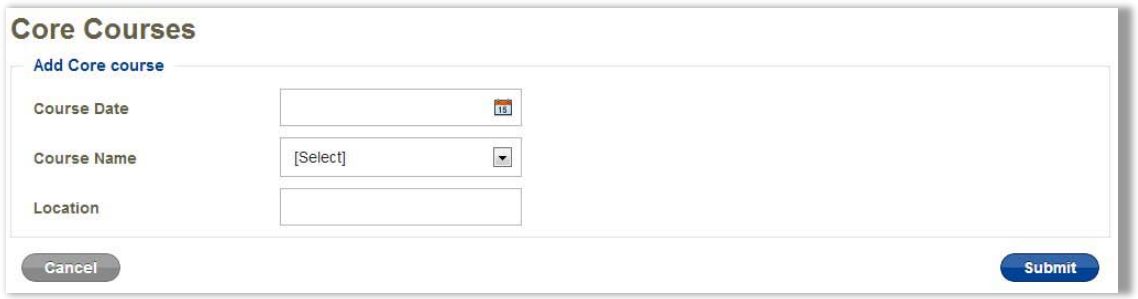


Recording course information

To record completion of courses, select 'Courses and events' from the left hand menu and click on 'Show core courses list'.

Use the 'Add core course' function to record completion of the EMAC, EMST and ALS courses during your training.





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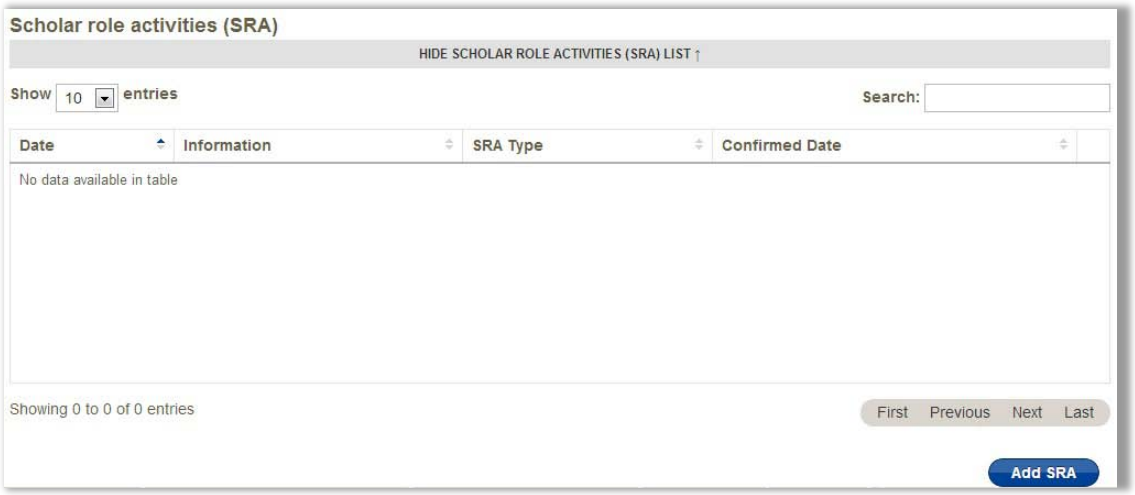
Recording scholar role activities

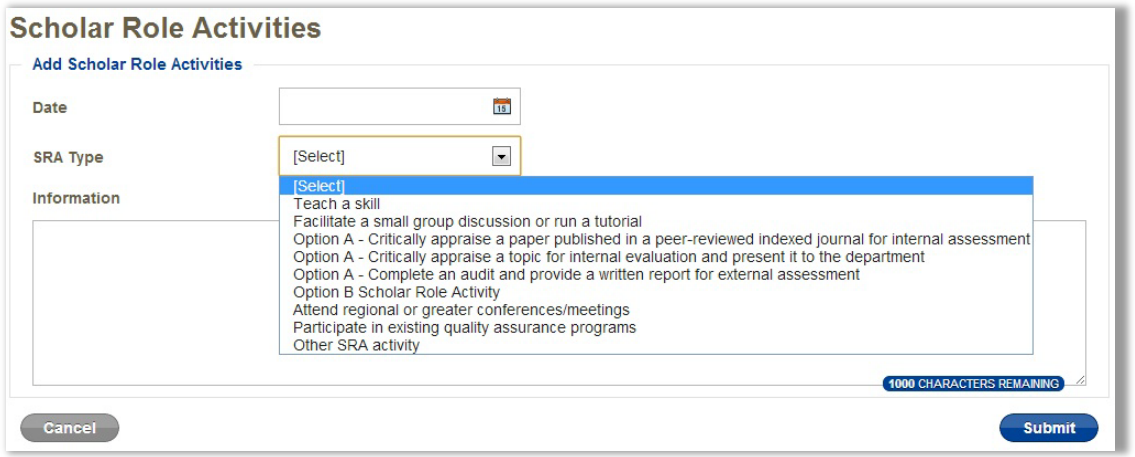
You will need to record your completed scholar role activities and volume of practice requirements under the courses and events section.

Refer to the curriculum document for information on the scholar role activities, including the core activities, options A and B and the volume of practice requirements. Refer to the scholar role training page of the ANZCA website for information around the provisions for transitioned trainees and the criteria for exemption from the scholar role activities based on previous research or study.

To record a scholar role activity or volume of practice item, select 'Courses and events' from the left hand menu and click on 'Show scholar role activities (SRA) list'.

Click on 'Add SRA', enter details of the activity, choosing the applicable item from the drop-down list and click on 'Submit'.




Scholar Role Activities
Add Scholar Role Activities
Date
SRA Type
[Select]
Information
[Select]
Teach a skill
Facilitate a small group discussion or run a tutorial
Option A - Critically appraise a paper published in a peer-reviewed indexed journal for internal assessment
Option A - Critically appraise a topic for internal evaluation and present it to the department
Option A - Complete an audit and provide a written report for external assessment
Option B Scholar Role Activity
Attend regional or greater conferences/meetings
Participate in existing quality assurance programs
Other SRA activity
1000 CHARACTERS REMAINING
Cancel
Submit

Your supervisor of training will need to confirm the activity once it has been entered in the system.

As they will not receive any system-initiated notification for this, you will need to request this directly.

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Appendix one: acronyms defined

Acronym	Extension
ANZCA	Australian and New Zealand College of Anaesthetists
AT	Advanced Training
AT-E	Advanced Training Extension
AVT	Approved Vocational Training
BT	Basic Training
BT-E	Basic Training Extension
CAT	Clinical Anaesthesia Time
CbD	Case Based Discussion
CF	Clinical Fundamental
CPP	Clinical Placement Plan
CPR	Clinical Placement Review
CPRQ	Clinical Placement Review Questions
CSU	Core Study Unit
CUR	Core Unit Review
DOPS	Direct Observation of Procedural Skills
EMAC	Effective Management of Anaesthetic Crises
EMST	Emergency Management of Severe Trauma
ET	Extended training
Fex	Final Examination
FTE	Full Time Equivalent
HEY	Hospital Employment Year
IAAC	Initial Assessment of Anaesthetic Competence
IntT	Interrupted Training
IT	Introductory Training
ITA	In-Training Assessment
IT-E	Introductory Training Extension
ITT	Introductory training Tutor
M-CbD	Mandatory Case-based Discussion
M-CEX	Mandatory Mini Clinical Evaluation Exercise
M-DOPS	Mandatory Direct Observation of Procedural Skills
Mini-CEX	Mini Clinical Evaluation Exercise
MS-DOPS	Mandatory Direct Observation of Procedural Skills (Simulation)
MsF	Multi-source Feedback
NL	Normal Leave
OCT	Other Clinical Time
PAOT	Prospectively Approved Overseas Training
Pex	Primary Examination
PFT	Provisional Fellowship Training
PFR	Provisional Fellowship Review
PM	Pain Medicine
PMET	Prevocational Medical Education and Training
PTT	Part Time Training
RAE	Recent Anaesthetic Experience
RM	Retrieval Medicine
RPL	Recognition of Prior Learning
RTP	Rotational training Program
SOT	Supervisor of Training
SRA	Scholar Role Activities
SSU	Specialised Study Unit
TA	Training Agreement
TP	Training Period
TPR	Trainee Performance Review
TPS	Training Portfolio System
TTT	Total Training Time
VOP	Volume of Practice
VTP	Vocational Training Program (ANZCA)
WBA	Workplace-Based Assessment

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